

LONGWOOD CENTRAL SCHOOLS
PHYSICAL EDUCATION RESTRICTION Secondary

All students in New York State are required to participate in Physical Education classes. In order that we may allow the student to participate in those activities best suited to his/her physical condition, please complete this form and **RETURN TO THE HEALTH OFFICE.**

NAME: _____ D.O.B. _____ GRADE: _____

Check only those activities the student **MAY** participate in during class:

OUTDOOR ACTIVITIES

- | | | |
|----------------------------------|-----------------------------|----------------------------|
| _____ Archery (A) | _____ Lacrosse (C) | _____ Soccer (C) |
| _____ Badminton (B) | _____ Paddle Ball (B) | _____ Softball (A) |
| _____ Golf (A) | _____ Project Adventure (B) | _____ Speedball (B) |
| _____ Handball (B) | _____ Fly Fishing (A) | _____ Tennis (A) |
| _____ Jogging (B) | _____ Mountain Biking (B) | _____ Touch Football (C) |
| _____ Outdoor Ed. (Climbing) (C) | _____ Orienteering (A) | _____ Ultimate Frisbee (B) |
| _____ Snow Shoeing | | _____ Mini Golf (A) |

INDOOR ACTIVITIES

- | | |
|--|------------------------------------|
| _____ Aerobics/Step Aerobics/Zumba (B) | _____ Group Games (B) |
| _____ Basketball (C) | _____ Hockey (Floor) (C) |
| _____ European-Handball (C) | _____ Table Tennis (A) |
| _____ Fitness/Wellness (B) | _____ Volleyball (B) |
| _____ Fitness Testing (B) | _____ Weight Training/Nautilus (B) |
| _____ Pedometer (walking) (A) | _____ Upper Body (A) |
| _____ Cardiovascular Fitness (B) | _____ Lower Body (A) |
| _____ Elliptical (B) | _____ Yoga/Pilates (A) |
| _____ Recumbent Bike (A) | _____ Treadmill (A) |
| _____ Dance (B) | |

| | | |
|------------------------------------|---------------------------------|-----------------------------------|
| A = Nonstrenuous/Noncontact | B = Strenuous/Noncontact | C = Limited Contact/Impact |
|------------------------------------|---------------------------------|-----------------------------------|

Condition/Diagnosis: _____

Duration of Restrictions: Week _____ Month _____ School Year _____

*Date when student may resume physical education class _____

Additional comments or restrictions _____

Protective eyewear recommended? Yes _____ No _____

Does student need to be re-evaluated by physician prior to returning to Physical Education class?

****New York State requires yearly re-evaluation even if the condition is permanent.**

 Physician's Signature and Stamp

 Date