



School _____
Nurse _____
Fax Number _____

SYRACUSE CITY SCHOOL DISTRICT MODIFIED PHYSICAL EDUCATION/SPORTS PARTICIPATION FORM

Dear Dr. _____,

We have received notification from your patient that _____ has a medical condition limiting his/her activity level in physical education classes and/or clubs or sports. Please advise us of any limitation to any specific sport on the form below and return to the school nurse.

Please check and initial categories to indicate qualification for the particular group of sports activities. For any disqualified sport, please draw a line through it and initial.

CONTACT/COLLISION	LIMITED CONTACT/ IMPACT	STRENUOUS NONCONTACT	NONSTRENUOUS NONCONTACT
<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> <ul style="list-style-type: none"> Field Hockey Football Ice Hockey Lacrosse Floor Hockey Basketball Soccer 	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> <ul style="list-style-type: none"> Baseball Volleyball Diving Gymnastics Weight training Cheerleading 	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> <ul style="list-style-type: none"> Crew Cross-country Track & Field Swimming Handball Jogging Aerobics Badminton Ice Skating Cooperative games Fitness Activities Wall Climbing/Rock Wall Gym Tennis 	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> <ul style="list-style-type: none"> Archery Bowling Golf Water Games Dance CPR training Fitness Walking

The modifications:

- expire on _____
- remain in effect until further notice.
- in effect during school year 20____ to 20_____.

If there are any additional restrictions/instructions, please comment below.

Patient may not participate in any activity after _____ date, except classroom study.

(Physician's Signature)

(Printed name)

(Date)

(Phone #)