BENSON POLYTECHNIC HIGH SCHOOL - Medical Information Form - Physical Education Modifications

Student _____ Grade ____ School: Benson Polytechnic High School

Note to Physician: Participating in Physical Education activities/classes is a critical component of a student's educational program. Please complete this form so that the above named student, with a medical disability or injury, may participate in physical education (PE) and health which is a combined course. **NOTE: Participation in Physical Education and Health is an Oregon State Board of Education and Portland Public School District graduation requirement.**

Please check YES or NO for EACH of the movements or activities that are appropriate for your patient. All information received is confidential.

Appropriate Types of Activities

Flexibility/Strengthening			Cardiovascular/Aerobics			General Movements		
YES	NO		YES	NO		YES	NO	
____	____	Muscle strengthening	____	____	Speed walking	____	____	Bending
____	____	Stretching	____	____	Spinning bike	____	____	Jumping
____	____	Light Weight Training	____	____	Jump Rope	____	____	Lifting
____	____	Resistance bands	____	____	Walk/Jog mix	____	____	Kicking
____	____	Yoga/Tai Chi	____	____	Elliptical/rowing	____	____	Throwing
____	____	Core work	____	____	Jog/Run	____	____	Catching
Other Y/N: _____			Other Y/N: _____			Other Y/N: _____		

Indicate Any Specific Recommended Modifications _____

_____

Above restrictions/modifications in effect from _____ to _____

Thank you for assisting in planning for this student's physical education modifications at school

Physicians Signature _____ Date _____

Physician printed name or stamp _____ Clinic: _____

Address: _____ _____

Physician Phone # _____ Fax # _____

I give permission for school or district personnel to contact the physician for consultation and exchange of information needed.

Parent Signature _____ Date _____

***Please return completed form to School Health Office. Medical information provided will remain confidential and verified by the nurse. School must be notified of any changes or further modifications or restrictions needed.**

SCHOOL/DISTRICT USE ONLY

I have reviewed the above information and recommend: ___ Regular PE ___ Modified PE ___ Other

District/School Nurse Signature _____ Date: _____

Physical Education Teacher Signature _____ Date: _____