

CASD PHYSICAL EDUCATION DEPARTMENT & SCHOOL HEALTH SERVICES
Medical Modifications for Physical Education

Student Name _____ Grade _____ Date _____

It is the aim of the CASD Physical Education Department to provide activities within our courses that may be modified or restricted as necessary to meet the needs and capacities of each student. We are requesting your cooperation in selecting activities for students with a medical condition to perform until the condition warrants return to full participation.

Please check all activities in which the student may participate:

Secondary (6-12)

- volleyball
- basketball
- soccer
- speedball
- indoor floor hockey
- handball
- football (touch/flag)
- softball
- tennis
- kickball
- pickle ball
- frisbee
- table tennis
- lawn games

Secondary (6-12)

- walk/jog ½ mile
- walk/jog 1 mile
- jump rope
- yoga
- zumba
- abs/core
- treadmill
- elliptical
- upright stationary bike
- recumbent bike
- universal weights
- free weights

Elementary (K-5)

- aerobics
- calisthenics
- dancing
- dribbling (feet)
- dribbling (hands)
- jogging
- jumping
- kicking
- running
- striking w/ implement
- tagging games
- throwing
- throwing
- walking

Please restrict this student's activities as indicated FROM _____ TO _____
Date Date

This student has these additional restrictions:

Physician's signature _____ Phone Number _____

Physician's name printed _____

Please return this form to the attention of the school nurse at your student's school.

Chambersburg Area Senior High School
511 S. Sixth St.
Chambersburg, PA 17201

Health Services: One copy should be distributed to the appropriate physical education instructor for each student.