

KEYSTONE JUNIOR/SENIOR HIGH SCHOOL
700 BEATTY AVENUE
KNOX, PA 16232
814 797-1261
FAX: 814 797-5758

Revised 3/2021



Student's Name: _____ Appointment Date: _____

Diagnosis: _____

Medical Form: Adaptive Physical Education

The above named patient should participate only in the following checked physical activities for a period of _____ weeks, months, or semesters.

Physician's Signature _____

Phone Number _____

- No Physical Activity – a research paper will be assigned to students who are restricted to no physical activity for more than four (4) weeks.

<i>Quiet:</i>	<i>Moderate:</i>	<i>Active:</i>	<i>Strenuous:</i>
<input type="checkbox"/> Walking	<input type="checkbox"/> Archery	<input type="checkbox"/> Badminton	<input type="checkbox"/> Basketball
<input type="checkbox"/> Stretching Exercises	<input type="checkbox"/> Bowling	<input type="checkbox"/> Cross Country Skiing	<input type="checkbox"/> Circuit Training w/ Strength Machines
<input type="checkbox"/> Treadmill: Low Speed	<input type="checkbox"/> Dance	<input type="checkbox"/> Elliptical	<input type="checkbox"/> Dodgeball
<input type="checkbox"/>	<input type="checkbox"/> Golf	<input type="checkbox"/> Exercise Bike: Upright	<input type="checkbox"/> Flag Football
<input type="checkbox"/>	<input type="checkbox"/> Playing Catch	<input type="checkbox"/> Exercise bike: Recumbent	<input type="checkbox"/> Floor Hockey
<input type="checkbox"/>	<input type="checkbox"/> Shooting Baskets	<input type="checkbox"/> High Speed Treadmill	<input type="checkbox"/> High Impact Aerobics
<input type="checkbox"/>	<input type="checkbox"/> Shuffleboard	<input type="checkbox"/> Kickball	<input type="checkbox"/> Mat Ball/Crazy 8's
<input type="checkbox"/>	<input type="checkbox"/> Table Tennis	<input type="checkbox"/> Jogging	<input type="checkbox"/> Treadmill: Performance Speed
<input type="checkbox"/>	<input type="checkbox"/> Treadmill: Medium Speed	<input type="checkbox"/> Low Impact Aerobics	<input type="checkbox"/> Speed Ball
<input type="checkbox"/>	<input type="checkbox"/> Nintendo Wii	<input type="checkbox"/> Pickleball	<input type="checkbox"/> Strength Training: Upper Body
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Roller Skating	<input type="checkbox"/> Strength Training: Lower Body
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Stair Climber	<input type="checkbox"/> Soccer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Track & Field	<input type="checkbox"/> Team Handball
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Treadmill: Aerobic Speed	<input type="checkbox"/> Volleyball/Nitroball

- ❖ If the student is involved in a rehabilitation program, please attach any exercise or activities that the student can do during physical education class.
- ❖ I give permission for the release of information to the school nurse.

Parent/Guardian Signature _____

Date _____

PLEASE FAX THIS FORM TO THE SCHOOL NURSE AT 814 797-5758.