

**GARDEN CITY
DEPARTMENT OF ATHLETICS & PHYSICAL EDUCATION
MEDICAL RESTRICTION FORM**

All students registered in the schools of New York State are required by education law to attend classes in Physical Education. These classes are required to be modified to meet the individual student needs when a student is unable to participate in the unrestricted Physical Education program. Your recommendation will assist the Physical Education Department in modifying this student's program.

Thank you for your cooperation.

Dawn Cerrone, District Director of Physical Education, Health & Athletics

Name of Student: _____ Grade: _____ PE Class Period: _____

Medical Diagnosis: _____

Directions: Please check the activity and level of activity in which the student may participate during physical education. Add any comments as appropriate.

Activity	Full Participation	Limited Participation	No Participation	Adapted PE	Comments
Dance					
Step Aerobics					
Aerobics					
Pilates					
Tae Bo					
Circuit Training					
Upper body exercises					
Lower body exercises					
Weight Training					
Archery					

Golf					
Tennis					
Badminton					
Table Tennis					
Frisbee Golf					
Handball					
Bowling					
Basketball					
Field Hockey					
Floor Hockey					
Lacrosse					
Soccer					
Team Handball					

Ultimate Frisbee					
Softball					
Kickball					
Pickleball					
Paddleball					
Volleyball					
Football					
Wrestling					
Cross Country					
Track & Field					
Canoeing					

Kayaking					
Orienteering					
Snowshoeing					
Biking					
Project Adventure/Climbing					
Sport Officiating					
Reading Assignments*					
Wii Sports					
Wii Fitness					

***As Physical Education is a skill performance course, these activities may only be used on a very limited, short term basis.**

I recommend that the student _____ be enrolled in a (n):

- ___ Adapted physical education program
- ___ Regular physical education program with modifications
- ___ Regular physical education program

Dates of limitation duration: from _____ until _____

Comments

This will meet the needs of his/her medical limitations per the indications on the chart above.

Health care provider signature _____ Date _____

8NYCRR 135.4(c) (3)

Attendance All pupils shall attend and participate in the physical education program as approved in the school plan for Physical education and as indicated by physicians' examinations and other tests approved by the Commissioner of Education. Individual medical certificates of limitations must indicate the area of the program in which the pupil may participate.