

CONRAD WEISER AREA SCHOOL DISTRICT

Conrad Weiser High School

44 Big Spring Road
Robesonia, PA 19551
Maryann Ligenza, RN, CSN
Phone (610) 693-8524
Fax (610) 693-8511

Conrad Weiser Middle School

347 E. Penn Ave.
Robesonia, PA 19551
Louise Snyder Ocepek, RN, CSN
Phone (610) 693-8560
Fax (610) 693-8543

MODIFIED PHYSICAL EDUCATION FORM

To be completed by the student's treating physician

Student's Name _____ Grade _____

Physical Education Teacher's Name _____ Block _____ Days _____

In order to satisfy a student's academic requirements, the student must participate and pass physical education. The physical education staff will adapt our instructions to accommodate the student's illness or injury based on a physician's instructions. Please fill out this form completely and return as soon as possible. The completed form may be returned to the school with the student or faxed or mailed to the attention of the school nurse. Contact information is listed above. Please call with any questions.

ACTIVITIES: Circle those activities considered **appropriate** for this student:

Abdominal Exercises	Flexibility	Push Ups	Step Aerobics
Aerobics (low impact)	Football (flag)	Running	Table Tennis
Archery	Golf	Running Games	Tennis
Back Extensions	Hiking	Shuffleboard	Volleyball
Badminton	Horseshoes	Slide (lateral)	Walking
Basketball	Jogging	Softball	Weight Training
Bowling	Jump Rope	Stationery Bike:	Upper Body/Lower Body
Cardio Equipment	Pilates	Arms only/Legs only	Yoga
Dance			Other: _____

Nature of disability and reason for restriction:

Duration of excuse: _____

Next scheduled appointment or follow-up _____

Printed name of physician

Physician signature

Phone number

Date