

NAPERVILLE PUBLIC SCHOOLS

PHYSICIAN'S CERTIFICATION FOR MODIFIED PARTICIPATION IN PHYSICAL EDUCATION

This certifies that in my professional opinion _____ a student at _____ School, has been excused from regular physical education Activities, but that he or she may participate in a modified physical education program.

Diagnosis: _____

Please circle the activities in which the student may safely engage.

ELEMENTARY SCHOOLS:

<u>Activity</u>	<u>Description</u>
Rock Climbing	Rock climbing walls
Calisthenics	Stretching, twisting, jumping, rolling, muscle conditioning
Contact activities	Football, Wrestling, Soccer, Basketball, Floor Hockey
Running	Track events, races, relays, cardiovascular runs
Tumbling	Stands, rolls, pyramids
Throwing & catching	All ball activities
Rhythms	Dances
Walking	Walking
Quiet games	Little or no activity, very little movement

JUNIOR AND SENIOR HIGH SCHOOLS:

I. VERY STRENUOUS

- Basketball
- Cross Country
- Football (Flag, tackle, touch)
- Gymnastics:
 - Balance beam
 - Chinning bar
 - Horizontal bar
 - Parallel bars
 - Ropes
 - Trampoline
 - Uneven bar
 - Vaulting
- Hockey (floor, roller)
- Soccer (all soccer type games)
- Track and Field events
- Tumbling
- Cardiovascular run
- Cardiovascular 75-85% max

II. STRENUOUS

- Aerobics: kick boxing, step & dance
- Badminton
- Handball (team)
- Rock climbing
- Roller skating/Blading
- Rope skipping
- Scooter
- Swimming and diving
- Tennis
- Volleyball
- Weight lifting (can be modified)
 - Non-weight-bearing
 - Upper body only
 - Lower body only
- Stationary bikes etc
- Treadmill
- High Ropes
- Self Defense
- Cardiovascular 60-75% max

III. MILD

- Basketball (shooting)
- Bowling
- Golf
- Softball
- Walking
- Water activities
- Rhythms
 - Square Dance
 - Hip Hop Dance
 - Salsa Dance
 - Tap Dance
- Aquanastics
- Cardiovascular –Below 50% max

V. COMMENTS: _____

From _____ To _____
(Day and Month) (Year) (Day and Month) (Year)

Date _____ Physician Signature _____