

**Community HS District 99 SOUTH
PHYSICAL EDUCATION ACTIVITIES**

Nurse's Phone: 630/795-8528

Nurse's Fax: 630/795-7192

_____ I.D. # _____
STUDENT NAME _____ **GRADE** _____

P.E. TEACHER _____ **COUNSELOR** _____

Modification for participation will be made based on the extent of the injury/illness and the Doctor's prescription for activity. If possible, the injured or ill student is expected to participate in some manner each day. With a coordinated effort, we hope to continue the improvement of the student's personal fitness during this time.

PLEASE CHECK THE ACTIVITIES IN WHICH YOUR PATIENT MAY PARTICIPATE.

- | | | |
|-----------------------------------|---------------------------------------|-------------------------------------|
| _____ Aerobics | _____ Jogging | _____ Life Saving |
| _____ Archery | _____ Juggling | _____ Recreational Swimming |
| _____ Badminton/Pickleball | _____ Physical Fitness Testing | _____ Table Tennis |
| _____ Basketball | _____ Personal Conditioning | _____ Tap Dancing |
| _____ Bowling | _____ Rhythmic Dances | _____ Team Handball |
| _____ Cross Country Skiing | _____ Roller Blading | _____ Tennis |
| _____ Cross Training | _____ Rope Jumping | _____ Track & Field |
| _____ Dance Techniques | _____ Soccer | _____ Tumbling |
| _____ Elliptical | _____ Softball | _____ Ultimate Spongeball |
| _____ Flag Football | _____ Stationery Bike | _____ Volleyball |
| _____ Floor Hockey | _____ Step Aerobics | _____ Water Polo |
| _____ Frisbee | _____ Stress Management | _____ Walking |
| _____ Golf | _____ Swimming | _____ Weight Training |
| _____ Gymnastics | _____ Diving | _____ (Selectorize Machines) |

Beginning Date _____ **Ending Date** _____

Comments: _____

Physicians Signature and Date

Print Physician's Name

Phone Number

Address
