

**Oak Park & River Forest High School Physical Education  
Medical Limitation Form**

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Grad Yr: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Counselor: \_\_\_\_\_ Current PE Teacher: \_\_\_\_\_ Pd: \_\_\_\_\_

**To be completed by a physician:** The Illinois Board of Education requires a daily physical education course for all students in high school. Our classes can be modified for students to participate within their own medical and physical limitations. Please provide the following information so that a program can be tailored to meet the needs of the student.

Diagnosis Causing Limitation(s): \_\_\_\_\_

Duration of Limitation(s), if student is not to be in any activity: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Please check the activities in which the student **CAN** participate.

- |                                       |  |  |   |
|---------------------------------------|--|--|---|
| <input type="checkbox"/> Aerobics     | <input type="checkbox"/> Elliptical      | <input type="checkbox"/> Jumping               | <input type="checkbox"/> Team Sports                |
| <input type="checkbox"/> Badminton    | <input type="checkbox"/> Exercise Bike   | <input type="checkbox"/> Kayaking              | <input type="checkbox"/> Tennis                     |
| <input type="checkbox"/> Basketball   | <input type="checkbox"/> Flag Football   | <input type="checkbox"/> Running/Sprinting     | <input type="checkbox"/> Volleyball                 |
| <input type="checkbox"/> Climbing     | <input type="checkbox"/> Floor Hockey    | <input type="checkbox"/> Self Defense Training | <input type="checkbox"/> Weight Training (free wt.) |
| <input type="checkbox"/> Conditioning | <input type="checkbox"/> Gymnastics      | <input type="checkbox"/> Swimming              | <input type="checkbox"/> Weight Training (machine)  |
| <input type="checkbox"/> Dance        | <input type="checkbox"/> Jogging/Walking | <input type="checkbox"/> Stretching            | <input type="checkbox"/> Yoga/Pilates               |

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Physician Phone Number

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**When the above information is completed, bring this form to the Physical Education Office, room 250 or fax to 708-434-3927. If you have any questions please contact Julie Elmiger (Division Secretary) at 708-434-3550 or Clay Reagan (Division Head) at 708-434-3250.**

**OFFICE USE ONLY**

Date Completed Form Returned to School: \_\_\_\_\_ Received by: \_\_\_\_\_

Student Assigned to: \_\_\_\_\_

Assignment Given to Student: \_\_\_\_\_

\_\_\_\_\_  
PE Division Head (or designee) Signature

\_\_\_\_\_  
Date