

ARLINGTON CENTRAL SCHOOL DISTRICT

PHYSICAL EDUCATION ACTIVITY MODIFICATION FORM

To accommodate your child's medical restrictions, please have this form completed by your doctor. Physical Education teachers will make any necessary accommodations within medical limitations.

Name _____ PE teacher _____

MD Assessment _____

Restrictions begin _____ Restrictions end _____

PE RESTRICTIONS: THIS SECTION FOR RESTRICTIONS IN PE CLASS

TARGET ACTIVITIES

Archery _____yes _____no
Golf _____yes _____no

TEAM ACTIVITIES

Basketball _____yes _____no
Field Hockey _____yes _____no
Flag Football _____yes _____no
Floor Hockey _____yes _____no
Lacrosse _____yes _____no
Soccer _____yes _____no
Team Handball _____yes _____no
Ultimate Frisbee _____yes _____no

NET ACTIVITIES

Badminton _____yes _____no
Pickleball _____yes _____no
Tennis _____yes _____no
Volleyball _____yes _____no

DANCE _____yes _____no

STRIKING AND FIELDING

Cricket _____yes _____no
Softball _____yes _____no
Wiffleball _____yes _____no

FITNESS ACTIVITIES

Fitness Testing Upper Body – Curl Ups _____yes _____no
Fitness Testing Upper Body – Push Ups _____yes _____no
Flexibility Upper Body _____yes _____no
Flexibility Lower Body _____yes _____no
Functional Fitness Upper Body _____yes _____no
Functional Fitness Lower Body _____yes _____no
Muscular Fitness Upper Body _____yes _____no
Muscular Fitness Lower Body _____yes _____no
Running _____yes _____no
Stationary Bike _____yes _____no
Walking _____yes _____no

ADVENTURE ACTIVITIES

Anchor _____yes _____no
Belaying _____yes _____no
Climbing _____yes _____no
Spotter _____yes _____no

THIS SECTION IS FOR INTERSCHOLASTIC SPORTS ONLY – FOR PE CLASS RESTRICTIONS USE ABOVE SECTION

Interscholastic / Competitive Sports Participation

This student is physically qualified to participate in the following categories with no apparent contraindication:

Yes ☐ No ☐ Contact or Collision Sports (Field Hockey, Football, Ice Hockey, Lacrosse, Soccer, Wrestling)
Yes ☐ No ☐ Limited Contact/Impact (Baseball, Basketball, Diving, Cheerleading, Handball, Skiing, Softball, Volleyball, Fencing)
Yes ☐ No ☐ Strenuous Non-Contact (Crew, Cross-Country, Track and Field, Swimming, Tennis, Weight Training)
Yes ☐ No ☐ Non-strenuous Non-Contact (Archery, Bowling, Golf)

Restrictions begin _____ Restrictions end _____

MD Name/ Signature _____

(Date)

(MD Stamp)