

Lemoore Union High School District
Medical Limitations for Physical Education

My patient _____, is permitted to do the following modified physical activities under the supervision of his/her Physical Education teacher:

- Light Stretching
 - ____ upper body only
 - ____ lower body only
 - ____ upper and lower body
- Low Impact Cardio (Aerobic) Activity
 - ____ power walking
 - ____ light jogging on all-weather track surface
- Upper Body Light Resistance Training
 - ____ Low weight hand weights
 - ____ Low weight body bar
 - ____ Body weight resistance only
- Lower Body Light Resistance Training
 - ____ Low weight hand weights
 - ____ Low weight body bar
 - ____ Body weight resistance only
- Light program
 - ____ Student's pace

Other _____

OR

My patient is prohibited from participating in any physical activity at school beginning

_____ until _____.

(Date)

(Date)

OR _____ until released by physician.

(Date)

Signature of Physician