

MEDICAL RECOMMENDATIONS FOR PHYSICAL EDUCATION PARTICIPATION OR SCHOOL MOBILITY

**Health Services Department
Lincoln Public Schools**

If a student is unable to participate in regular PE or has mobility concerns, LPS will attempt to modify activities to allow for student participation per medical recommendations. Information on this form may be shared for curriculum planning as appropriate. Total exemption from PE requires a separate medical authorization.

Student Name: _____ Student Date of Birth: _____

Student ID#: _____

MEDICAL PROVIDER PLEASE COMPLETE

1. Equipment Utilized:

☐ Crutches ☐ Brace ☐ Cast ☐ Walking boot ☐ Wheelchair ☐ Scooter

2. Modified Activity:

☐ No contact sports ☐ No running/jumping ☐ No throwing
☐ No weight lifting/heavy lifting ☐ No upper arm/overhead ☐ No lower body
☐ No stairs ☐ Other (ex. needs elevator key, lifting restriction in pounds)

3. Do Restrictions Apply to Recess?: ☐ Yes ☐ No

4. Restrictions Expire (no longer than current school year): _____

5. Follow-Up Appointment: _____

Healthcare Provider: _____ Date: _____

Phone Number: _____