

## MEDICAL RECOMMENDATIONS FOR PHYSICAL EDUCATION PARTICIPATION

Health Services Department  
Lincoln Public Schools

All students are encouraged to participate in physical education (PE). The benefits to a student's health and well-being, as well as academic success, are important for every student. If a student is unable to participate in regular PE due to special needs or a medical condition, the district will attempt to modify physical activities to allow student participation per medical recommendations. The medical provider is asked to complete this form to identify activities that would be unsafe or unsuitable for the student. Total exemption from PE requires medical authorization. Please complete this form, and return it to the school health office as needed. The information on this form will be shared with other school personnel as needed in educational planning.

Student Name \_\_\_\_\_ School \_\_\_\_\_

School Phone # \_\_\_\_\_ School Fax \_\_\_\_\_

### Medical Provider please complete:

1. Student condition(s): \_\_\_\_\_

2. Restrictions as follows (Please check the appropriate activities that apply for this student):

- |                                 |                               |                                |                               |                                |                                 |                                |                               |
|---------------------------------|-------------------------------|--------------------------------|-------------------------------|--------------------------------|---------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> walk   | <input type="checkbox"/> run  | <input type="checkbox"/> jump  | <input type="checkbox"/> kick | <input type="checkbox"/> pedal | <input type="checkbox"/> throw  | <input type="checkbox"/> catch | <input type="checkbox"/> bat  |
| <input type="checkbox"/> strike | <input type="checkbox"/> lift | <input type="checkbox"/> swing | <input type="checkbox"/> roll | <input type="checkbox"/> squat | <input type="checkbox"/> tumble | <input type="checkbox"/> twist | <input type="checkbox"/> swim |

3. Other restrictions not listed above \_\_\_\_\_

4. Do these restrictions apply to recess activity: ☐ yes ☐ no

5. These restrictions are in effect until the following date: \_\_\_\_\_ (no longer than the current school year).

6. Additional comments/recommendations:

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Medical Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

School Nurse Review \_\_\_\_\_

Information shared with \_\_\_\_\_