

**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: _____