

LEVITTOWN PUBLIC SCHOOLS
HEALTH SERVICES

TO: Physicians and Parents

FROM: J. Keith Snyder, Director for Physical Education/Athletics/Health

RE: **PARTICIPATION IN ADAPTED PHYSICAL EDUCATION -
(Secondary Schools)**

New York State law requires that all students must attend and participate in Physical Education and that the Board of Education must provide an adapted program for those students who are medically unable to participate in the regular program. A passing grade is necessary to earn credit for Physical Education, which is required for graduation.

NAME _____ GRADE _____ AGE _____

ADDRESS _____ DATE _____

This is to certify that I have examined the above named student, found the indicated conditions to exist, and recommend the following program changes:

DIAGNOSIS/DESCRIPTION OF CONDITION

Condition: _____

Severity: Temporary _____ Permanent _____

PROGNOSIS

Date student may return to unrestricted activity _____

Date student should return for re-examination _____

FUNCTIONAL CAPACITY

_____ Unrestricted activity - No restrictions on type of activity or level of intensity

OR

_____ Restricted activity - Intensity and type of activity need to be limited
(Check one category below)

_____ Mild - ordinary physical activity but unusually
vigorous efforts need to be avoided

_____ Moderate - ordinary physical activity needs to be
moderately restricted and sustained strenuous
efforts to be avoided

REQUEST FOR ADAPTIVE PHYSICAL EDUCATION PROGRAM (Cont.)

_____ Limited - ordinary physical activity needs to be
markedly restricted

ANATOMICAL ANALYSIS

Indicate body areas in which physical activity should be minimized or eliminated:

Body Area	Minimized	Eliminated	Both	Left	Right
Neck	_____				
Shoulder	_____				
Arms	_____				
Hands/Wrists	_____				
Abdomen	_____				
Back	_____				
Legs	_____				
Knees	_____				
Feet/Ankles	_____				
Other (Specify)	_____				

REMEDIAL

Student's condition is such that the condition can be improved through the use of carefully selected exercises. The following exercises are recommended for the student's condition (BE SPECIFIC):

SIGNED _____ M.D.

TELEPHONE # _____

DATE _____
1/98

