

To Dr _____ Family Physician. Date _____

Regarding the physical education activities of your patient _____ we shall appreciate your cooperation in filling out this blank and returning it at your earliest convenience to the School Nurse at SETON CATHOLIC CENTRAL school at 70 Seminary Avenue, Binghamton NY 13905.

All pupils registered in the schools New York State are required by the Education Law to attend courses of instruction in physical education. This means that pupils who are unable to participate in the entire program should have their activities modified to meet their needs.

Please check (X) either generally or individually the type of physical education which you would recommend for this student.

STRENUOUS ()

- () Basketball
- () Cageball
- () Tumbling
- () Apparatus
- () Soccer
- () Field Hockey
- () Tennis-Game
- () Badminton-Game
- () Conditioning Exercises & Running
- () Weights (weightlifting)
- () Softball-Game
- () Swimming
- () Wrestling
- () Track & Field
- () Floor Hockey
- () Jump Rope Activities
- () Folk & Square Dance
- () Paddleball
- () Lacrosse

MODERATE ()

- () Table Tennis
- () Volleyball
- () Folk & Square Dance
- () Corrective Exercises
- () Softball Drills
- () Football Drills
- () Relay Races
- () Golf-Game
- () Tennis Drills
- () Badminton
- () Rhythmic Exercises
- () Swimming
- () Indian Club Drills
- () Bowling
- () Frisbee
- () Conditioning-Jogging

MILD ()

- () Badminton Drills
- () Corrective Exercise
- () Throw & Catch
- () Throwing at Target
- () Table Games (Chess)
- () Golf Drills
- () Putting
- () Archery
- () Shuffleboard
- () Swimming

NO PHYSICAL ACTIVITY ()

Knowledge Aspects Only

NOTE: If strenuous exercise is recommended, it is taken for granted that the mild and moderate are permissible unless exceptions are specifically stated. Should you feel that generally the student should take only mild activity, but find that you feel one or two of the moderate activities such as bowling or golf should be included, simply check them.

This is to certify that I have examined _____ and recommend that he/she should participate only in the activities that are checked for a period of _____ weeks.

REMARKS _____

Family Physician _____ Date _____

NOTE: This report will be attached to the child's school health record and the duplicate will go to the physical education office.