

Edwin O. Smith High School

Regional District #19
1235 Storrs Road
Storrs, Connecticut 06268

LIMITED PHYSICAL EDUCATION

Section 84-297 of Connecticut State General Statutes requires we provide each student with an appropriate physical education program. To help insure that this student safely participates in the fullest possible program, please complete the section below. The physical education class is no more than 35 minutes in length.

STUDENT'S NAME _____ GRADE _____ P.E. PERIOD _____

DESCRIPTION OF LIMITATION _____

DURATION OF LIMITATION: FROM _____ TO _____

COMPLETE EXCLUSION FROM ALL ACTIVITY: FROM _____ TO _____

A. Because of the above mentioned limitation, I advise that the student not participate in: (use term "none" to indicate no activity or specify modification in activity)

1. Active Team Activity (i.e. soccer, basketball) _____

2. Moderate Activity (i.e. volleyball, tennis, aerobics) _____

3. Mild Activity _____

4. Specific Fitness Activity
a. Weight Training (can be modified to allow any specific exercise, repetitions and/or load.)

b. Exercise ergometers (bicycles) (rowing machine) (stair master) _____

5. Specific Running Activity (please specify)
a. Easy, run/walk workout _____
b. Moderate aerobic running _____
c. Fast Track running-sprinting _____

B. I recommend the following precautions for this student:

Physician's Name _____ (please print)

Physician's Signature _____ Date _____

Telephone _____