

Morris Hills Regional District
Health and Physical Education Department
RESTRICTIVE FORM TO RETURN TO PHYSICAL EDUCATION.

This form is to be used for a student returning to Physical Education from a medical excuse with restrictions.

New Jersey State Law requires 150 minutes of Physical Education each week. Our Physical Education classes are 88 minutes long which meet every other day. As you fill out this form please help to address fitness as an important life skill. Within each block our students are expected to participate in approximately 40 minutes of our fitness component. The three phases of our fitness component include: Warm-Up, Strength Exercises, & Cardiovascular Activity. The fitness component is then followed by the activity of the day. A list of activities is included below.

_____ is recommended for limited participation in physical education.

Please check off what your patient **CAN** or **CANNOT** do in Physical Education class.

COMPONENTS	CAN	CANNOT	COMMENTS
1. WARM-UP- flexibility, dynamic stretching, and static stretching.			
2. STRENGTH EXERCISES- (without weights) i.e. abdominal crunches, push-ups, pull-ups, lunges, squats, and planks.			
3. CARDIOVASCULAR ACTIVITY- running, fitness walking, jump rope, MILE RUN, jumping jacks, ladders, and other agility activities.			If a student can do limited cardiovascular activities such as running please note*
4. WEIGHT ROOM- use of free weights and/or weight training machines.			Not always available.
5. FITNESS ROOM - use of stationary bike, elliptical machine, and treadmill. Exercises including aerobics, pilates, yoga, kick boxing, and dance. Use of light free weights, up to 12lbs.			Not always available.
6. CHARACTER EDUCATION- activities such as tag games, team building games (includes running). Low/high element challenges with climbing and belaying.			
7. SPORTS & ACTIVITIES- activities such as soccer, tennis, group games, and relay races. If a student cannot run they cannot participate in many sports and activities that require running ie: basketball or soccer.			

**** THIS RESTRICTIVE FORM MUST BE COMPLETED BY A MEDICAL PROFESSIONAL ANNUALLY ****

Doctor's name _____ Telephone Number _____

Explanation of Diagnosis: _____

If diagnosis includes use of an inhaler please check here _____ Self-carry _____ Use before exercises _____ Use for symptoms only _____

Time frame of these restrictions: _____

Doctor's Signature: _____ Doctor's Stamp: _____

Date: _____

Additional Comments: _____