

APPENDIX C

Sample Recommended Form

Medical Certificate of Limitations

Directions: Please check the activity and level of activity in which the student may participate during physical education. Add any comments as appropriate.

Activity	Full Participation	Limited Participation	No Participation	Adapted PE	Comments
Ballroom Dance					
Line Dance					
Folk Dance					
Square Dance					
Hip-hop Dance					
Modern Dance					
Creative Dance					
Step Aerobics					
Aerobics					
Pilates					
Tae Bo					
Circuit Training					
Upper body exercises					
Lower body exercises					
Weight Training					
Archery					
Golf					
Tennis					
Badminton					
Table Tennis					
Frisbee Golf					
Handball					
Bowling					

Basketball					
Field Hockey					
Floor Hockey					
Lacrosse					
Soccer					
Team Handball					
Ultimate Frisbee					
Water Polo					
Water Volleyball					
Softball					
Kickball					
Pickleball					
Paddleball					
Volleyball					
Wall Climbing					
Wrestling					
Camping Skills					
Backpacking					
Canoeing					
Kayaking					
Orienteering					
X-Country Skiing					
Snowshoeing					
Fly Fishing					
Biking					
Project Adventure					

Swimming					
Lifeguarding					
Scuba/Snorkeling					
Water aerobics: Deep water Shallow water Water Jogging					
Water Safety					
Roller skate/ Roller blade					
Research Projects*					
Sport Officiating					
Reading Assignments*					
Wii Sports					
Wii Fitness					

***As Physical Education is a skill performance course, these activities may only be used on a very limited, short term basis.**

I recommend that the student _____ be enrolled in a(n):

- ___ adapted physical education program
- ___ regular physical education program with modifications
- ___ regular physical education program

Dates of limitation duration: from _____ until _____

Comments _____

This will meet the needs of his/her medical limitations per the indications on the chart above.

Medical Provider signature _____

Date _____

8NYCRR 135.4(c)(3) Attendance

(i) All pupils shall attend and participate in the physical education program as approved in the school plan for physical education and as indicated by physicians' examinations and other tests approved by the Commissioner of Education. Individual medical certificates of limitations must indicate the area of the program in which the pupil may participate.