## Sample Recommended Form- Medical Certificate of Limitations

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

| Activity | Participation Levels | | | | Comments |
| --- | --- | --- | --- | --- | --- |
| Full | Limited | No | Adapted  PE |
| Ballroom Dance |  |  |  |  |  |
| Line Dance/Folk dance |  |  |  |  |  |
| Hip-Hop/Modern 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 |  |  |  |  |  |
| Backpacking/Hiking |  |  |  |  |  |
| Canoeing |  |  |  |  |  |
| Kayaking |  |  |  |  |  |
| Orienteering |  |  |  |  |  |
| X-Country Skiing |  |  |  |  |  |
| Snowshoeing |  |  |  |  |  |
| Fishing |  |  |  |  |  |
| Biking |  |  |  |  |  |
| Swimming |  |  |  |  |  |
| Lifeguarding/Water Safety |  |  |  |  |  |
| Scuba/Snorkeling |  |  |  |  |  |
| Water Aerobics |  |  |  |  |  |
| Roller Skating/Roller Blading |  |  |  |  |  |
| Cup Stacking |  |  |  |  |  |
| Reading or Writing Assignments\* |  |  |  |  |  |
| Wii Sports/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.

Healthcare 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.*

10/4/2022