

ODEM EDROY ISD SCHOOL NURSE OFFICE
PHYSICAL ACTIVITY RESTRICTIONS
PLEASE HAVE DOCTOR FILL OUT, SIGN & RETURN

PATIENT NAME _____ BIRTH DATE _____

DIAGNOSIS _____

MEDICATION(S) _____

THE ABOVE REQUIRES:

NO RESTRICTION

MILD RESTRICTION

No sports or activities which require maximal or near maximal effort of duration of no more than 30 seconds (examples of these activities are: Track (running events), competitive basketball, swimming, hockey, soccer and football.)

MODERATE RESTRICTION

No competitive sports (excluding baseball and volleyball).

No participation in a complete PHYSICAL Education program.

No participation in Physical Fitness tests. May participate in non-competitive sports, but should be allowed to stop if fatigued.

SEVERE RESTRICTIONS

May participate in activities enjoyable at low levels of energy expenditure but should be allowed to do so at his/her own pace (examples of these activities are): golf, (using a golf cart), bowling, walking, swimming, etc.

ADDITIONAL COMMENTS:

PHYSICIAN SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____