

EAST GREENBUSH CENTRAL SCHOOLS
PHYSICAL EDUCATION ACTIVITY FORM

ALL PUPILS REGISTERED IN THE SCHOOLS OF NEW YORK STATE ARE REQUIRED TO PARTICIPATE IN PHYSICAL EDUCATION. **ANY STUDENT WHO IS UNABLE TO PARTICIPATE IN THE ENTIRE PROGRAM NEEDS TO HAVE HIS/HER ACTIVITIES MODIFIED.**

STUDENT _____ GRADE _____

DIAGNOSIS _____

REGULAR GYM - YES OR NO (NO GYM FOR GREATER THAN 1 WEEK REQUIRES AN ADAPTED PROGRAM)

ADAPTED GYM - YES OR NO (EX.: WALKING/REHAB EXERCISES/WEIGHT TRAINING (UPPER OR LOWER BODY))

RETURN TO GYM/SPORTS ON _____

SPECIAL CONSIDERATIONS _____

PHYSICIAN NAME/ADDRESS/PHONE _____
(PLEASE PRINT)

DATE _____ SIGNATURE _____

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