**NCHS Physical Education Modified Activity Form**

Thank you for your recent communication regarding your patient, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Our mission as physical education instructors is to improve the fitness levels of our students especially when one considers the rise of childhood obesity. As the above named student is under your care and currently has restrictions from Physical Education class, we would like to work with you as we develop activities that are modified to fit his/her condition. Could you please check the activities that the student will be able to participate in during your care. Thank you.

Treadmill Elliptical

Recumbent Bike (seat with a back) Core work (stability ball)

Upper body Lower body

Swimming Shallow water workout in pool

Physical Therapy exercises (provided by MD/PT)

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 **Physician’s Signature Date**

Again, thank you for your cooperation in keeping our students active during your care.

NCHS Physical Education Staff

