



HEALTH SERVICES

975 North D Street

Stockton, California 95205

(209) 933-7060 Ext. 2390 • Fax (209) 933-6520

PROVIDER RECOMMENDATIONS FOR MODIFIED PHYSICAL EDUCATION

Date Initiated

Student _____ BD _____	School _____
Parent _____	Address _____
Address _____	Telephone No. _____
Telephone No. _____	Referred by _____

Provider's Authorization: We are in need of the following information to place this student in our Modified Physical Education Program. Please complete form and return to the school listed above.

Health condition qualifying student for modified Physical Education:

The student may participate in the following activities (check all that apply):

A. Vigorous activities, such/but not limited to:

- _____ Running, Jumping, Hopping
- _____ Activities, involving body contact
- _____ Swimming
- _____ Tumbling

B. Moderate activities, such as /but not limited to:

- _____ Basketball skills
- _____ Dance skills
- _____ Racquetball skills
- _____ Soccer skills
- _____ Softball skills

C. Mild activities, such as/but not limited to:

- _____ Archery
- _____ Golf
- _____ Water Games
- _____ Body Conditioning
- _____ Weight Training
- _____ Stationary Bicycling

D. Quiet activities, such as/but not limited to:

- _____ Table Games
- _____ Shuffleboard
- _____ Table Tennis
- _____ Frisbee Throwing
- _____ Walking
- _____ Throwing- Catching

Specific exercises or activities which student MUST AVOID:

Appropriate period of assignment to Modified P. E.

- _____ 6 weeks _____ School Year
- _____ Semester _____ Permanent Placement

Date of return to Regular P. E.

Provider's Name

Telephone

Address

Zip

Provider's Signature

Date