**HPE MEDICAL FORM STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT/PARENT: Date of appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If a medical issue occurs while a student is enrolled in PE class, the student cannot be medically excused for more than 32 total classes and receive credit for the class. Exceeding this time frame means the student will not be able to meet the mandatory state standards for the given PE class. Students must be able to participate in a minimum of 53 PE classes to receive credit for the class. A medical diagnosis that prevents the student from meeting the above requirement will result in the student needing to take the course during another semester.

**Note:** The following activities by the physician are RECOMMENDATIONS only. Ultimately, the student’s participation will be determined by the PE teacher based upon the recommendations of the medical professional and the requirements of each activity. C**heck boxes for the CURRENT PE class ONLY!**

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| **MEDICAL PROFESSIONAL DIAGNOSIS:** |

**Please recommend activities based on this diagnosis. Fax completed form to: 717-735-1728**

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| --- | --- | --- | --- | --- | --- | --- |
| **TEAM AEROBIC GAMES** | **YES** | **NO** |   | **SPORTS & FITNESS-BOYS** | **YES** | **NO** |
| BASKETBALL |   |   |   | BASKETBALL |   |   |
| SWIMMING |   |   |   | SWIMMING |   |   |
| SPEEDBALL |   |   |   | SPEEDBALL |   |   |
| SOFTBALL |   |   |   | SOFTBALL |   |   |
| SOCCER |   |   |   | SOCCER |   |   |
| FOOTBALL |   |   |   | FOOTBALL |   |   |
| RUNNING |   |   |   | RUNNING |   |   |
| FITNESS WALKING   |   |   |   |  FITNESS WALKING |   |   |
| **NET RESULTS** | **YES** | **NO** |   | **SPORTS & FITNESS-GIRLS** | **YES** | **NO** |
| SOCCER |   |   |   | ARCHERY |   |   |
| TENNIS |   |   |   | SOFTBALL |   |   |
| SOFTBALL |   |   |   | TOUCH FOOTBALL |   |   |
| SPEEDBALL |   |   |   | BADMINTON |   |   |
| BADMINTON |   |   |   | SWIMMING |   |   |
| SWIMMING |   |   |   | BASKETBALL |   |   |
| VOLLEYBALL |   |   |   | RUNNING |   |   |
| RUNNING |   |   |   |  FITNESS WALKING |   |   |
|  FITNESS WALKING |   |   |   |   |   |   |
| **WEIGHT TRAINING** | **YES** | **NO** |   | **FIT FOR LIFE (Online)** | **YES** | **NO** |
| UPPER BODY |   |   |   | RUNNING |   |   |
| LOWER BODY |   |   |   | SIT UPS |   |   |
|   |   |   |   | PUSH UPS |   |   |
| **DANCE** | **YES** | **NO** |   | PULL UPS/ARM HANG |   |   |
| AEROBIC DANCE/ZUMBA |   |   |   | SIT AND REACH |   |   |
| STEP AEROBICS/PILATES |   |   |   | FITNESS WALKING  |   |   |
| RUNNING |  |  |  | **NOTES/CONSIDERATIONS:**  |  |  |
| FITNESS WALKING |  |  |  |  |  |  |
| SWIMMING |  |  |  |  |  |  |

STUDENT SHOULD RETURN TO FULL PARTICIPATION BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (DATE).

MEDICAL PROFESSIONAL SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_