H.E. 402 (Rev. 3/05)

CITY SCHOOL DISTRICT OF ALBANY
BUREAU OF HEALTH AND PHYSICAL EDUCATION

ADAPTED PHYSICAL EDUCATION - MEDICAL RECOMMENDATION

_____ _____
SCHOOL DATE

TO: Dr. _____

All students registered in schools within New York State are required by New York State Education Law and Regulations to attend courses of instruction in physical education. These courses must be adapted to meet the needs of the individual student when medical limitations exist. This means that a student who is UNABLE TO PARTICIPATE FULLY IN THE ENTIRE PROGRAM MUST HAVE ACTIVITIES MODIFIED TO MEET HIS/HER INDIVIDUAL NEEDS.

Your patient, _____, is registered in the City School District of Albany and has indicated an inability to participate fully in the regular physical education program. So that we may design a program appropriately adapted to meet his/her individual needs, please complete this form and return it to the student's school.

Check the activities listed below in which your patient MAY NOT PARTICIPATE:

☐ Throwing	☐ Bending	☐ Pushing	☐ Tumbling
☐ Catching	☐ Twisting	☐ Pulling	☐ Stretching
☐ Kicking	☐ Hitting	☐ Body Contact	☐ Off the Floor Activities
☐ Running	☐ Walking	☐ Water	☐ Other: _____
☐ Lifting	☐ Jumping	☐ Out of Doors	_____

Are there any specific exercises or activities that you feel would benefit this student? ☐ NO ☐ YES

If "YES", please indicate the activities. _____

_____

Additional Physician Remarks: _____

This is to certify that I have examined the above patient and recommend that his/her physical education program be modified as indicated above until the following date _____.

_____ _____
Physician's Name (Print) Physician's Signature

_____ _____
Date Telephone Number

NOTE: This report will be attached to the student's health record with duplicates sent to the physical education teacher and the parent/guardian. If you have any questions, please contact the School Nurse/Teacher. Thank you for your cooperation.

_____ _____
Physical Education Teacher School Nurse/Teacher

_____ _____
School Address Telephone Number

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