

OAK PARK HIGH SCHOOL
Modified Physical Education Request

Oak Park High School
899 North Kanan Road
Oak Park, CA 91377
818-735-3300
Fax: 818-707-7970

Date: _____

Student's Name: _____

Diagnosis of student and explanation of condition: _____

Beginning Date of recommended modification: _____

Ending Date of recommended modification: _____

Physician's Name: (Please print) _____

Physician's Signature: _____

Telephone Number: _____

NECESSARY MODIFICATIONS

This must be completed by physician to be valid

Activity	Yes	No
Stationary Bike – Upper body only		
Stationary Bike – Lower body only		
Stationary Bike – Both upper and lower body		
Running/Jogging		
Walking		
Football		
Basketball		
Dance		
Volleyball		
Softball		
Badminton		
Games		
Soccer		
Stretching		
Jump Rope		
Weight Training - strength		