

Medea Creek Middle School
1002 Doubletree Road, Oak Park, CA 91377
Tel: (818) 707-7922 Fax: (818)865-8641

PE MODIFIED ACTIVITY FORM

Name of student: _____ PE Teacher: _____ Period: _____ Grade: _____

Nature of Injury: _____

Beginning date of modification: _____ Ending date of modification: _____

Determined next office visit in _____ weeks.

Section 1: Only check off those items in which the student can participate.

____ Running/Jogging ____ Upper Body Activities (ex. Triceps, core, chest exercises.)

____ Walking

____ Throwing ____ Lower Body Activities (ex. Quadriceps, gluteals, hamstring)

____ Kicking

____ Stretching

____ Contact Sports

Section 2: If student is not able to participate in any activities, please check.

____ Student **MAY NOT** participate in any PE activities.

Physician's Comments: _____

(Any specific restrictions of movement or activity not noted above)

Name of Physician (Please Print): _____

Physician's Signature: _____ Date: _____

Physician's Telephone: _____ Fax: _____

Parent Signature: _____ Student's Signature: _____

PLEASE RETURN THIS FORM TO THE MAIN OFFICE - ATTN: JUDY VIOLETTE
JViolette@opusd.org