



Northside Independent School District

Dear Parent,

All students enrolled in Northside Independent School District are required to take a designated amount of physical education at each grade level. A student will be assigned to a restricted physical education program when it is possible to accommodate the student's physical limitations by modifying activities of a regular physical education program. A restricted physical education program is taught by a "regular" physical education teacher, usually as part of a regular physical education class.

In order for school personnel to plan accordingly for the individual needs of your child, please ask your physician to complete the attached form and return as soon as possible.

Sincerely,

Paul Tucker
Instructional Specialist K-12
Health and Physical Education Department
Northside Independent School District
Paul.tucker@nisd.net

Medical Report

Date _____

Dear Dr. _____,

All students in the State of Texas are required to take a designated amount of physical education at each grade level. A student who is unable to participate in the regular physical education program, due to a specific physiological condition, will have his/her program modified in a restricted physical education program.

Student Name _____ School _____

FINDINGS AND RECOMMENDATIONS TO THE SCHOOL

I have examined _____ and find the following

Physiological condition(s) _____

Condition is: permanent temporary

Please list any other medical contraindications to physical activity:

PHYSICIAN'S APPROVAL AND RECOMMENDATIONS:

Approved _____ Recommended until _____ 20 _____

Comments:

Signature of Physician _____ Date _____

Address _____

Phone _____

ACTIVITY GUIDE

Please check the appropriate activity levels.

I. MOVEMENTS	OMIT	MILD*	MODERATE**	UNLIMITED	REMARKS
Bending					
Climbing					
Hanging					
Jumping					
Kicking					
Lifting					
Pulling					
Pushing					
Running					
Stretching					
Throwing					
Twisting					

II. EXERCISE (Body Parts)	OMIT	MILD*	MODERATE**	UNLIMITED	REMARKS
Abdominal					
Arm					
Feet					
Knee(s)					
Leg(s)					
Neck					
Trunk					

III. EXERCISE (General)	OMIT	MILD*	MODERATE**	UNLIMITED	REMARKS
Cardiovascular					
Weight Training					
Upper Body					
Lower Body					

* Very little activity

** Half as much as the unlimited program

CONTACT SPORT/ACTIVITY GUIDE

As the nature and intensity of contact sports/activities can vary, please indicate YES if the student can participate or NO if the student cannot participate.

(Please circle)

There should be limitations for this student from contact sport/activity.

YES

NO

If YES is circled above, please complete below:

	YES	NO	REMARKS
Flag Football			
Basketball			
Soccer			
Softball			
Volleyball			
Gymnastics			
Group Games Involving Running & Changing Directions			
Group Games Involving Throwing & Dodging			