



Physical Activity Modification Request Form

RETURN FORM TO: AWS Health Office, nurse@auroraws.org fax: 716.655.3265

PART I: TO BE COMPLETED BY THE PARENT (Please type or print all information.)

Student Name _____ Date ____ / ____ / ____

Address _____ Home Phone _____

Date of Birth ____ / ____ / ____ Grade _____

Physician's Name _____ Phone _____

I give my permission for Aurora Waldorf School to contact the physician regarding the contents of this form to plan my child's physical activities at school.

Signature, Parent ____ / ____ / ____
Date

PART II: TO BE COMPLETED BY THE PHYSICIAN

Medical diagnosis _____

Duration of the condition: Short Term Long Term Permanent

The condition is: Progressive Nonprogressive

Date student may return to unrestricted activity ____ / ____ / ____

Date student will be reexamined ____ / ____ / ____

Functional Capacity (please check one and complete form)

- Unrestricted (no restrictions on contact or intensity)
- Self-limited (student is able to determine appropriate activities)
- Mild-restriction (only avoid vigorous activities)
- Moderate restriction (limits sustained, strenuous activities)
- Severe restriction (limits are severe)

PART III: TO BE COMPLETED BY THE PHYSICIAN. Check all activities that you consider to be appropriate for the student to participate in. Remember that all activities will be modified for student's ability level.

Locomotor Skills:

- Walk Hop Run Slide Skip Jump Gallop Leap Grapevine

Fitness:

Cardiovascular Aerobic Dance Jump Rope

Aerobic Walk Jog/Run

Flexibility Arm/Hand Back/Abdominal Hip/Pelvis

Arm/Shoulder Head/Neck Leg/Foot Leg/Knee

Muscular Strength and Endurance

Curl Ups Free Weights (light) Plyometrics Pull/Chin Ups Push Ups

Dance Activities:

African Hip Hop Ballroom Square/Contra Dance Other _____

Continue on Back →

PART III (continued): Check all activities that you consider to be appropriate for the student to participate in. Remember that all activities will be modified for student's ability level.

Individual Skills (non contact activities or individual practice skills):

- | | | | | |
|---|--|---------------------------------------|--|--|
| <input type="checkbox"/> Hiking | <input type="checkbox"/> Archery | <input type="checkbox"/> Juggling | <input type="checkbox"/> Frisbee | <input type="checkbox"/> Rapid Overhead Movements |
| <input type="checkbox"/> Creek Walking | <input type="checkbox"/> Basketball Skills | <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Soccer | <input type="checkbox"/> Kicking Dynamic Objects |
| <input type="checkbox"/> Climbing Trees | <input type="checkbox"/> Swimming | <input type="checkbox"/> Pickleball | <input type="checkbox"/> Softball | <input type="checkbox"/> Kicking Stationary Objects |
| | <input type="checkbox"/> Bouncing | <input type="checkbox"/> Table Tennis | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Striking Dynamic Objects |
| | <input type="checkbox"/> Bowling | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Flag/Touch Football | <input type="checkbox"/> Striking Stationary Objects |
| | <input type="checkbox"/> Catching | <input type="checkbox"/> Tennis | <input type="checkbox"/> Track and Field | <input type="checkbox"/> Flag/Touch Football |
| | <input type="checkbox"/> Throwing | | | |

Team Activities (game situations where contact with other students is likely to occur):

- | | | | |
|---------------------------------------|--|-----------------------------------|--|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Flag/Touch Football | <input type="checkbox"/> Soccer | <input type="checkbox"/> Track and Field |
| <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Frisbee | <input type="checkbox"/> Softball | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Dodgeball | <input type="checkbox"/> Lacrosse | | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Kickball | | | |

Tumbling and Gymnastics:

- | | | | |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> Balance Beam | <input type="checkbox"/> Inverted Activities | <input type="checkbox"/> Pyramid Building | <input type="checkbox"/> Uneven Bars |
| <input type="checkbox"/> Climbing Rope | <input type="checkbox"/> Parallel Bars | <input type="checkbox"/> Stunts and Tumbling | <input type="checkbox"/> Vaulting Box |
| | <input type="checkbox"/> Pommel Horse | <input type="checkbox"/> Trampoline | <input type="checkbox"/> Springboard |

Types of Games

- | | | | |
|--|--------------------------------------|---|----------------------------------|
| <input type="checkbox"/> Chasing/fleeing | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Propelling/Receiving | <input type="checkbox"/> Tagging |
|--|--------------------------------------|---|----------------------------------|

Provide additional comments that will aid in the modification of physical activity for this student:

Signature, Physician

Date

AWS OFFICE USE:

- Received by Health Office on _____
- Administrator & Office notified on _____
- Teachers notified on _____