

FOLSOM CORDOVA UNIFIED SCHOOL DISTRICT  
**Physical Education Activities Recommendation**

Dear Doctor,

In compliance with State Education Code, Section 51222, we provide courses in physical education for all students enrolled during the day in secondary schools in this district. Please provide us with the information listed below in order to help us plan an appropriate program for the following student:

STUDENT NAME	GRADE	DATE
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Diagnosis: \_\_\_\_\_

**Please check the appropriate item or items recommended for the student:**

- |   |   |
|---|---|
| <input type="checkbox"/> A. Walking   | <input type="checkbox"/> G. Weight Training Upper Body      |
| <input type="checkbox"/> B. Jogging   | <input type="checkbox"/> H. Weight Training Lower Body      |
| <input type="checkbox"/> C. Sprinting/Running   | <input type="checkbox"/> I. Upper Body Activities           |
| <input type="checkbox"/> D. Moderate Activities requiring no running<br>(shooting baskets, playing catch) | <input type="checkbox"/> J. Lower Body Activities           |
| <input type="checkbox"/> E. Moderate Activities requiring some running<br>(volleyball, badminton, tennis) | <input type="checkbox"/> K. Physical Conditioning Exercises |
| <input type="checkbox"/> F. Active Games<br>(soccer, basketball)  | <input type="checkbox"/> L. No Gymnastic Activities         |
|   | <input type="checkbox"/> M. Other _____                     |
|   | _____   |
|   | _____   |
| <input type="checkbox"/> Absolutely NO physical participation   |   |

Comments and/or special modifications for the student: \_\_\_\_\_

\_\_\_\_\_

Is there any reason the student can't dress in gym clothes? \_\_\_\_\_

\_\_\_\_\_

These restrictions should continue until: \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Physician's Name