

Folsom Cordova Unified School District

VISTA DEL LAGO HIGH SCHOOL

1970 Broadstone Parkway
Folsom, CA 95630

**PHYSICAL EDUCATION DEPARTMENT
RESTRICTIVE ACTIVITIES CHECKLIST**

My patient, _____, should not perform the functions checked below:

- | | | |
|--|--|--|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Jogging | <input type="checkbox"/> Pivoting |
| <input type="checkbox"/> Sprinting/Running | <input type="checkbox"/> Jumping | <input type="checkbox"/> Kicking |
| <input type="checkbox"/> Twisting | <input type="checkbox"/> Throwing | <input type="checkbox"/> Arm Movements |
| <input type="checkbox"/> Physical Contact | <input type="checkbox"/> Stretching | <input type="checkbox"/> Stationary Bike |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Lower Body Weight Lifting | |
| <input type="checkbox"/> Upper Body Weight Lifting | | <input type="checkbox"/> Other (Please Make
Comments Below) |

Comments and/or special modifications for the student:

Absolutely NO physical participation

These restrictions should continue until: _____

Signature of physician: _____ Date: _____