

Lakeview Physical Education
Illness/Injury Form

Student Name: _____ Dates of Restriction*: _____

Description of Illness/Injury: _____

Please let me know all the things the student **CAN DO**. (Check all that apply).

Cardiovascular	Muscular Strength/Endurance	Flexibility	Non Physical
<input type="radio"/> Bikes <input type="radio"/> Treadmill <input type="radio"/> Walking Only	<u>Upper Body</u> <input type="radio"/> Push Ups <input type="radio"/> Dips/Pull Ups <input type="radio"/> Sit Ups/Abdominals <u>Lower Body</u> <input type="radio"/> Leg Work	<input type="radio"/> Upper Body Stretching <input type="radio"/> Lower Body Stretching	<input type="radio"/> Team Building/Problem Solving <input type="radio"/> Fitness Knowledge

Parent Signature: _____ Phone: _____

* Restrictions lasting more than 3 days must have a doctors note attached to this completed form.

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