

Del Campo High School PE Activity Requirements Doctor's Restriction Form

Full Restriction (Please check all that apply)

Modifications

Jumping

- High Knees/Butt-kickers _____
- Jump Rope/Jumping Jacks _____
- Box Jumps _____

Cardiovascular

- Running _____
- Walking _____

Strength

- Crunches _____
- Bicycles _____
- Pushups _____
- Pullups _____
- Situps _____
- Back Extensions _____
- Walking Lunges _____
- Air Squats _____

Sport-related

- Basketball _____
- Volleyball _____
- Touch Football _____
- Ultimate Frisbee _____
- Soccer _____
- Softball _____
- Tennis _____
- Golf _____
- Badminton/Ping Pong _____
- Wrestling _____
- Dance _____
- Swim _____
- Gymnastics _____

Restrictions are: Permanent Until _____
Initial End Date

Doctor's Name _____

Doctor's Signature _____ Email _____

Date _____