

INDEPENDENT SCHOOL DISTRICT #834  
HEALTH SERVICES OFFICE  
STILLWATER, MN



**PHYSICAL EDUCATION MEDICAL ACTIVITY GUIDE**

STUDENT'S NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

DIAGNOSIS: (NOTE: DIAGNOSIS MUST BE INCLUDED!) If Injury, please give date:

\_\_\_\_\_

Reactions which might indicate student has reached limit of physical capacity: (List all that apply.)

Fatigue     
  Overheating     
  Chills     
  Attitude Change

Other: \_\_\_\_\_

Please indicate the limitations and strengths of this student by checking the following categories:

TYPES OF MOVEMENTS	FULL PARTICIPATION	LIMITED PARTICIPATION	NO PARTICIPATION
Twisting			
Stretching			
Lifting			
Forcible Contact with Head or Body			
Bending			
Jumping			
Kicking			
Climbing & Pulling			
Hanging			
Running			
Throwing			
Walking			
<b>WATER ACTIVITIES:</b>			
Swimming Including Diving			
Swimming Only			
Floating & Breath Holding Activities Only			
No Water Participation			

Duration of this limitation: \_\_\_\_\_

Other suggestions: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_