

Colchester Public Schools

BACON ACADEMY
611 Norwich Avenue
Colchester, Connecticut 06415
Phone (860) 537-2378 Fax (860) 537-5410

Modified Activity Record for Physical Education and Recess

Dear Health Care Provider:
All students registered in Connecticut schools are required to attend courses of instruction in physical education. These courses may be adapted to meet the needs of an individual student who is unable to participate in the entire physical education school program because of his/her condition. We would appreciate your cooperation in filling out this form regarding the physical activity of your patient and returning it to the school nurse as soon as possible.

Student's Name _____ DOB _____ Grade _____

Address _____

Physical disability or reason for restricted activity. _____

Date restriction begins (month/day/year) _____ Date restriction ends (month/day/year) _____

Indicate activities in which student MAY NOT participate. (Check any that apply)

- COMPETITIVE SPORTS: hockey, volleyball, lacrosse, tennis, other
RUNNING GAMES: kickball, soccer, track, other
BALL GAMES: basketball, football, baseball/softball, speedball, handball, other
CARDIOVASCULAR: bikes, elliptical, treadmill, walking, running, sit-ups, push-ups, sit and reach, jump rope, other
FIELD GAMES: frisbee, other
OTHER: weightlifting, Nautilus machines, climbing apparatus

Are there any special equipment and/or equipment procedures needed for this student (e.g. crutches, wheelchair, braces, etc.) - please describe _____

Name of Examining Practitioner _____

Address _____ Phone _____

Signature of Examining Practitioner _____ Date _____