



ENFIELD PUBLIC SCHOOLS
ENFIELD, CT 06082

NAME of SCHOOL: _____ DATE: _____

STUDENT'S NAME: _____ GRADE: _____

PHYSICAL EDUCATION TEACHER: _____

PHYSICIAN'S NAME: _____ PHONE #: _____

DIAGNOSIS: _____

RESTRICTIONS EFFECTIVE: From: _____ To: _____

ACTIVITY LEVEL:

Please indicate below your recommendations for physical education class (check one please)

_____ Should be allowed to participate in all activities without restrictions.

_____ No physical education.

_____ Partial restrictions: I recommend the following activities:

Recommendations: _____

Elevator Pass: Yes No

Early Dismissal from class: Yes No

COMMENTS:

Physician's Signature

Date