

# Fairfield Warde High School

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## FAIRFIELD WARDE HIGH SCHOOL HEALTH SERVICES Physical Activity Restriction Form

TO THE PHYSICIAN:

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Onset of Illness or Injury (date): \_\_\_\_\_ Diagnosis (optional) \_\_\_\_\_

The student is restricted from: (please check)

- Contact Sports until \_\_\_\_\_
- Non-Contact Sports until \_\_\_\_\_
- Bearing weight until \_\_\_\_\_
- Walking until \_\_\_\_\_
- Running until \_\_\_\_\_
- Lower Body exercise/weights until \_\_\_\_\_
- Upper Body exercise/weights until \_\_\_\_\_
- Flexibility exercise until \_\_\_\_\_
- Cardio exercise (stationary bike, elliptical, steppers) until \_\_\_\_\_

The student may participate in: (please check)

- Team sports (team handball, ultimate Frisbee, floor hockey, basketball, volleyball)
- Racquet sports (badminton, tennis, pickleball)
- Fitness class (strength training, cardio exercise (stationary bike, elliptical, stepper))
- Fitness Walking
- Fitness boxing
- Yoga
- Pilates
- Dance
- Golf

Next follow-up visit with MD (date if any) \_\_\_\_\_

Student is cleared to return to full activity including contact sports on (date if known) \_\_\_\_\_

\_\_\_\_\_  
Health Care Provider's Name      Signature      Date      Phone Number