Medical Evaluation for Continued Participation in Physical Education Referral for Illness and Injury

Student Name _____ ID Number _____ Date _____

To be completed by the practitioner (MD, DO, LNP, PA)

Medical diagnosis: _____

Date student will be ☐ re-examined or ☐ may return to unrestricted activity _____

Please indicate the student's ability to participate in the types of activities listed below:

For a student diagnosed with concussion, please complete page 2.

All Grade Levels

Running or Sprinting	☐ Yes ☐ No		Push-ups	☐ Yes ☐ No
Jogging	☐ Yes ☐ No		Pull-ups	☐ Yes ☐ No
Walking	☐ Yes ☐ No		Throwing	☐ Yes ☐ No
Dance	☐ Yes ☐ No		Trunk Extension	☐ Yes ☐ No
Jumping	☐ Yes ☐ No		Sit-ups	☐ Yes ☐ No
Balancing (1 or 2 feet)	☐ Yes ☐ No		Stretching (upper body)	☐ Yes ☐ No
Balancing (inverted)	☐ Yes ☐ No		Stretching (lower body)	☐ Yes ☐ No
Resistance Bands (upper body)	☐ Yes ☐ No		Weight Training (upper body)	☐ Yes ☐ No
Resistance Bands (lower body)	☐ Yes ☐ No		Weight Training (lower body)	☐ Yes ☐ No
Cardiovascular Equipment (bike, elliptical)	☐ Yes ☐ No			

What exercises would you recommend for this student? _____

Please sign and return this form to the patient, parent(s), or guardian(s) for submission to the health and physical education teacher. Thank you.

Physician's Signature _____ Date _____

Print Physician's Name _____

Address _____

_____

Phone _____

Medical Evaluation for Continued Participation in Physical Education Referral for Illness and Injury

Student Name _____ ID Number _____ Date _____

THIS SECTION ONLY FOR STUDENTS DIAGNOSED WITH A CONCUSSION

Student may participate in cognitive activity at this time ☐ Yes ☐ No

Student may participate in physical activity at this time ☐ Yes ☐ No

If "**NO"** to any items above, please indicate the level of participation for the activities described below:

Physical Activity	**Participation Level**		
	FULL	LIMITED	NONE
Physical activity in a gym environment	☐	☐	☐
Physical activity in an outdoor environment	☐	☐	☐
Stretching	☐	☐	☐
Walking, stationary biking	☐	☐	☐
Jogging, elliptical	☐	☐	☐
Individual/dual sport skills (i.e. - tennis, badminton, archery, golf)	☐	☐	☐
Team sport skills (i.e. - basketball, soccer, volleyball, handball)	☐	☐	☐
Sprinting	☐	☐	☐
Strength training	☐	☐	☐
Individual/dual sport game play	☐	☐	☐
Team sport game play	☐	☐	☐

Cognitive Activity	FULL	LIMITED	NONE
Reading	☐	☐	☐
Computer work	☐	☐	☐
Note taking	☐	☐	☐
Work/talk with a partner	☐	☐	☐
Work/talk with a small group	☐	☐	☐
Viewing a video or media clip	☐	☐	☐
Written assignments	☐	☐	☐
Paper & pencil test	☐	☐	☐

Academic Adjustments

Reduce total workload	☐ Yes ☐ No	Break tasks into smaller pieces	☐ Yes ☐ No
Extra time on assignments	☐ Yes ☐ No	Preferential seating	☐ Yes ☐ No
Focus on essential content	☐ Yes ☐ No	Allow rest breaks	☐ Yes ☐ No

What additional academic adjustments/supports would you suggest for this student in the gym and classroom environments?

_____

Student will be re-evaluated by practitioner ☐ Yes ☐ No Date _____

If student will NOT be re-evaluated, he/she may return to activity

☐ As tolerated beginning _____

☐ Without restriction beginning _____