



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)

\_\_\_\_\_ Student should be allowed to participate in all activities without restrictions.

\_\_\_\_\_ No physical education or swim class.

\_\_\_\_\_ No physical education; swim class allowed.

\_\_\_\_\_ Partial restrictions: I recommend the following activities:

Recommendations: \_\_\_\_\_

\_\_\_\_\_

Elevator Pass: Yes No

Early Dismissal from class: Yes No

COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date