



### ACTIVITY LIMITATIONS CHECKLIST

Student Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Student able to return to school on (date): \_\_\_\_\_

Date full participation is permitted: \_\_\_\_\_

**THE STUDENT IS ABLE TO PARTICIPATE IN:**

- Classroom activity (e.g., written assignments related to physical education topics)
- Aerobic exercise as tolerated (e.g. jump rope, no specific cardiopulmonary restrictions)
- Vigorous lower extremity exercise (e.g. running, jumping, kicking, jogging)
- Light lower extremity exercise (e.g. walking, hopscotch)
- Upper extremity exercise/weight bearing (e.g. push-ups, lifting, throwing)
- Climbing activities (monkey bars, jungle gyms)
- Light playground activities (e.g. four-square, tetherball)
- Contact sports (i.e. no recent concussion; no higher risk for solid organ injury)
- Stretching and flexibility exercises (indicate if any upper body, lower body restrictions): \_\_\_\_\_
- All strength exercise (indicate if any limitations to upper body, lower body) \_\_\_\_\_

Specific restriction:

- Student is wearing cast: No playground or sandbox activity; keep cast dry; Refer to ortho/ medical equipment form.
- Other \_\_\_\_\_

*The school site nurse will contact the physician if clarification of orders is needed.*

\_\_\_\_\_

**Health Professional (printed name)      Signature      Date      CA License No.      Telephone #**



## Activity Limitations Plan

(If expanded details needed, then use this form)

Student: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Diagnosed condition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Projected duration: \_\_\_\_\_  
\_\_\_\_\_

Recommended activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*The school site nurse will contact the physician if clarification of orders is needed.*

Printed name of physician: \_\_\_\_\_ CA License number: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_