



# Northside Independent School District

Dear Parent,

All students enrolled in Northside Independent School District are required to take a designated amount of physical education at each grade level. A student will be assigned to a restricted physical education program when it is possible to accommodate the student's physical limitations by modifying activities of a regular physical education program. A restricted physical education program is taught by a "regular" physical education teacher, usually as part of a regular physical education class.

In order for school personnel to plan accordingly for the individual needs of your child, please ask your physician to complete the attached form and return as soon as possible.

Sincerely,

Paul Tucker  
Instructional Specialist K-12  
Health and Physical Education Department  
Northside Independent School District  
[Paul.tucker@nisd.net](mailto:Paul.tucker@nisd.net)

Medical Report

Date \_\_\_\_\_

Dear Dr. \_\_\_\_\_,

All students in the State of Texas are required to take a designated amount of physical education at each grade level. A student who is unable to participate in the regular physical education program, due to a specific physiological condition, will have his/her program modified in a restricted physical education program.

Student Name \_\_\_\_\_ School \_\_\_\_\_

FINDINGS AND RECOMMENDATIONS TO THE SCHOOL

I have examined \_\_\_\_\_ and find the following

Physiological condition(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Condition is:            permanent            temporary

Please list any other medical contraindications to physical activity:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHYSICIAN'S APPROVAL AND RECOMMENDATIONS:

Approved \_\_\_\_\_ Recommended until \_\_\_\_\_ 20 \_\_\_\_\_

Comments:

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

## ACTIVITY GUIDE

Please check the appropriate activity levels.

| <b>I. MOVEMENTS</b> | <b>OMIT</b> | <b>MILD*</b> | <b>MODERATE**</b> | <b>UNLIMITED</b> | <b>REMARKS</b> |
|---------------------|-------------|--------------|-------------------|------------------|----------------|
| Bending             |             |              |                   |                  |                |
| Climbing            |             |              |                   |                  |                |
| Hanging             |             |              |                   |                  |                |
| Jumping             |             |              |                   |                  |                |
| Kicking             |             |              |                   |                  |                |
| Lifting             |             |              |                   |                  |                |
| Pulling             |             |              |                   |                  |                |
| Pushing             |             |              |                   |                  |                |
| Running             |             |              |                   |                  |                |
| Stretching          |             |              |                   |                  |                |
| Throwing            |             |              |                   |                  |                |
| Twisting            |             |              |                   |                  |                |

| <b>II. EXERCISE<br/>(Body Parts)</b> | <b>OMIT</b> | <b>MILD*</b> | <b>MODERATE**</b> | <b>UNLIMITED</b> | <b>REMARKS</b> |
|--------------------------------------|-------------|--------------|-------------------|------------------|----------------|
| Abdominal                            |             |              |                   |                  |                |
| Arm                                  |             |              |                   |                  |                |
| Feet                                 |             |              |                   |                  |                |
| Knee(s)                              |             |              |                   |                  |                |
| Leg(s)                               |             |              |                   |                  |                |
| Neck                                 |             |              |                   |                  |                |
| Trunk                                |             |              |                   |                  |                |

| <b>III. EXERCISE<br/>(General)</b> | <b>OMIT</b> | <b>MILD*</b> | <b>MODERATE**</b> | <b>UNLIMITED</b> | <b>REMARKS</b> |
|------------------------------------|-------------|--------------|-------------------|------------------|----------------|
| Cardiovascular                     |             |              |                   |                  |                |
| Weight Training                    |             |              |                   |                  |                |
| Upper Body                         |             |              |                   |                  |                |
| Lower Body                         |             |              |                   |                  |                |
|                                    |             |              |                   |                  |                |
|                                    |             |              |                   |                  |                |

\* Very little activity

\*\* Half as much as the unlimited program

## CONTACT SPORT/ACTIVITY GUIDE

As the nature and intensity of contact sports/activities can vary, please indicate YES if the student can participate or NO if the student cannot participate.

(Please circle)

There should be limitations for this student from contact sport/activity.

YES

NO

If YES is circled above, please complete below:

|   | YES | NO | REMARKS |
|---|-----|----|---------|
| Flag Football   |     |    |         |
| Basketball  |     |    |         |
| Soccer  |     |    |         |
| Softball  |     |    |         |
| Volleyball  |     |    |         |
| Gymnastics  |     |    |         |
| Group Games<br>Involving Running &<br>Changing Directions |     |    |         |
| Group Games<br>Involving Throwing<br>& Dodging            |     |    |         |