



Bethel Park School District Physical Education

“Can Do List”

Dear Physician:

Our school district requires that all students be enrolled in a physical education course. The physical education program at Bethel Park is planned so that every student who is able to be in school will be able to benefit from some phase of the physical education program. Since we as professionals want to do what is best for each and every child, we will attempt to modify our physical education activities to meet the specific limitations of the student listed below. With these thoughts in mind, we would like you as the attending physician to recommend for the student listed below the extent of activity in which he/she may participate.

Please complete the information requested and check the activities in which the student may safely participate considering his/her injury or illness. We will develop a program of activity based on your recommendations. Thank you for your time, assistance and consideration.

Sincerely,

Physical Education Department
Health Services Department

PLEASE RETURN FORM TO:

Karen Meley, R.N.
Neil Armstrong Middle School
5800 Murray Avenue
(412) 854-8751 / fax (412) 835-5029

PLEASE CHECK THE AREA THIS STUDENT MAY SAFELY PARTICIPATE

Student's Name: _____

Period of Adaptation: _____

- _____ Aerobics (low, step)
- _____ Air Dyne bicycle (upper, lower body or both)
- _____ Basketball
- _____ Cooperative activities
- _____ Dance
- _____ Elliptical machine
- _____ Field Hockey
- _____ Flag Football
- _____ Floor Hockey
- _____ Frisbee
- _____ Jogging
- _____ Lacrosse

- _____ Soccer
- _____ Softball
- _____ Speedball
- _____ Stepper
- _____ Team Handball
- _____ Ultimate Frisbee
- _____ Volleyball
- _____ Walking
- _____ Weight Training
(upper, lower body or both)

Physician Comments: _____

Physician Name / Phone: _____

Physician Signature: _____

Date: _____