

Commack UFSD

Recommendations for Physical Activity in Primary School for Children with Heart Disease

The following recommendations are guidelines for physical activity in school for

_____ who underwent evaluation here on _____
(student's name) (date)

Diagnosis _____

_____ (1) May participate in the entire physical education program without restriction.

_____ (2) May participate in the physical education program except for restriction from excessively stressful activities such as rope climbing, sustained running (e.g. laps) and fitness testing. Must be allowed to rest when tired.

_____ (3) May participate only in mild physical education activities such as circle Games.

_____ (4) Restricted from entire physical education program.

_____ (5) Additional Remarks _____

_____ (6) Duration of recommendations _____

If there are additional questions about these recommendations, please contact the office.

Physician's Stamp Signature _____ M.D.

Physician's Phone number _____

Physician's Fax number _____