

WATKINS GLEN CENTRAL SCHOOL DISTRICT PHYSICAL EDUCATION  
MEDICAL RECOMMENDATION FORM

**STUDENT HEALTH SERVICES**

Elementary School (K-4) 535-3252, fax: 535-7012  
Middle School (5-8) 535-3232 fax: 535-4532  
High School (9-12) 535-3212 fax: 535-3262

Dr. \_\_\_\_\_

Date: \_\_\_\_\_

According to New York State Education Law and Regulations, all students registered in NYS schools are required to attend and participate in courses of instruction in physical education. Students who are unable to participate fully in the entire program must have activities modified to meet their individual needs. **A Medical Waiver for PE cannot be recognized** for fulfilling graduation requirements.

\_\_\_\_\_, a student of the Watkins Glen Central School District is in need of a modified PE program. Please complete this form and return it to the school so you may assist us in designing a program adapted to meet his/her individual needs. Thank you for your cooperation.

Please check **ALL** activities that the individual **CAN PARTICIPATE** in:

**Upper Body**

\_\_\_\_ Throwing/Catching  
\_\_\_\_ Core Strength (abdominal)  
\_\_\_\_ Weight Training  
\_\_\_\_ Striking  
\_\_\_\_ Pushing/Pulling  
\_\_\_\_ Stretching  
\_\_\_\_ Other \_\_\_\_\_

**Lower Body**

\_\_\_\_ Jumping/Plyometrics  
\_\_\_\_ Walking  
\_\_\_\_ Squats/Lunges  
\_\_\_\_ Kicking  
\_\_\_\_ Weight Training  
\_\_\_\_ Stretching  
\_\_\_\_ Other \_\_\_\_\_

**Cardio/Full Body**

\_\_\_\_ Jogging  
\_\_\_\_ Walking  
\_\_\_\_ Cycling  
\_\_\_\_ Elliptical  
\_\_\_\_ Swimming  
\_\_\_\_ Stretching  
\_\_\_\_ Other \_\_\_\_\_

Please indicate a date for these **accommodations to end**: \_\_\_\_\_.

Are there any specific activities or exercises that would benefit the student in the recovery process? \*Yes \_\_\_\_\_ No \_\_\_\_\_

\*If Yes: \_\_\_\_\_

Additional comments:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date