

EL DORADO UNION HIGH SCHOOL DISTRICT
PONDEROSA HIGH SCHOOL

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EL DORADO UNION HIGH SCHOOL DISTRICT
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PHYSICAL EDUCATION DEPARTMENT

RESTRICTIVE ACTIVITIES CHECKLIST – CONTRACT FOR MODIFICATIONS

My patient, _____ **CAN** perform the functions checked below:

***Students must be able to perform at least one activity from each of the components of physical fitness. Exclusion from activity for greater than 25 class hours or 5 weeks in a semester **may** result in an alternate class placement.

Health Related Physical Fitness Components:
to perform at least one activity from **each** of the components of physical fitness.

****Student must be able**

1. Cardiovascular Endurance

- Walking (≤ 15 min/mile)
- Jogging
- Sprinting

2. Muscular Strength/Endurance

- Upper Body Strength Activities
- Lower Body Strength Activities
- CORE/Abs Strength Activities

3. Flexibility

- Upper Body Static
- Upper Body Dynamic
- Lower Body Static
- Lower Body Dynamic

4. Swimming (Life Fitness 1 only during unit)

- Use of kickboard or leg buoy
- NO modification needed

Diagnosis: _____

Comments to support **ACTIVE** modification:

Absolutely NO physical participation

These restrictions should continue until: _____

Signature of physician: _____ Date: _____

Please print name of physician: _____

Please print address of physician: _____

Phone Number: _____

Please attach the physician's business card or stamp.