

EL DORADO UNION HIGH SCHOOL DISTRICT

**PONDEROSA HIGH SCHOOL**

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EL DORADO UNION HIGH SCHOOL DISTRICT  
RON CARRUTH, Ed. D., Superintendent  
(530) 622-5081

Jeremy Hunt, Principal  
Darrin Slojkowski, Assistant Principal  
Amanda Peterson, Assistant Principal  
Philip Leonhardt, Assistant Principal

**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. Exclusions from activity for greater than 25 class hours or 5 weeks in a semester **may** result in alternative class placement.

Health Related Physical Fitness Components:

<b>1. Cardiovascular Endurance</b> <input type="checkbox"/> Walking <input type="checkbox"/> Jogging <input type="checkbox"/> Sprinting	<b>2. Muscular Strength/Endurance</b> <input type="checkbox"/> Upper Body Strength Activities <input type="checkbox"/> Lower Body Strength Activities <input type="checkbox"/> Core/Abs Strength Activities	<b>3. Flexibility</b> <input type="checkbox"/> Upper Body Static <input type="checkbox"/> Upper Body Dynamic <input type="checkbox"/> Lower Body Static <input type="checkbox"/> Lower Body Dynamic
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<b>4. Swimming (Life Fitness 1 Only During Unit)</b> <input type="checkbox"/> Use of Kickboard or leg Buoy <input type="checkbox"/> No Modifications needed
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Diagnosis: \_\_\_\_\_

Comments to support ACTIVE modification:

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

**\_\_\_ Absolutely NO physical participation**

These restrictions should continue until: \_\_\_\_\_

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

Print Name of Physician: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Physician Phone Number: \_\_\_\_\_

*Please attach Physician's business card*