



El Dorado Union High School District
UNION MINE HIGH SCHOOL

Responsibility • Integrity • Acceptance • Kindness
 Respect • Spirit

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 (530)621-4003 Fax (530)622-6034

**PHYSICAL EDUCATION DEPARTMENT MODIFIED
 ACTIVITIES CHECKLIST**

My patient, _____ CAN perform the functions checked below:

Students must be able to perform at least **one activity from 2 of the 4 categories** listed below. Exclusion from ALL ACTIVITY for **5** weeks in a semester will result in alternate class placement.

<p><u>Cardiovascular Endurance</u></p> <p><input type="checkbox"/> Walking (≤ 15min/mile)</p> <p><input type="checkbox"/> Jogging</p> <p><input type="checkbox"/> Sprinting</p>	<p><u>Muscular Strength</u></p> <p><input type="checkbox"/> Upper Body Strength Training</p> <p><input type="checkbox"/> Lower Body Strength Training</p> <p><input type="checkbox"/> CORE/Abs Strength Training</p> <p><input type="checkbox"/> Weight Training __Arms __Legs __Both</p>
<p><u>Activity</u></p> <p><input type="checkbox"/> Moderate activities requiring no running</p> <p><input type="checkbox"/> Moderate activity requiring some running</p> <p><input type="checkbox"/> Swimming</p>	<p><u>Flexibility</u></p> <p><input type="checkbox"/> Upper Body Static</p> <p><input type="checkbox"/> Lower Body Static</p> <p><input type="checkbox"/> Upper Body Dynamic</p> <p><input type="checkbox"/> Lower Body Dynamic</p>

Diagnosis: _____

Comments to support ACTIVE modifications:

_____ Absolutely **NO** physical participation.

These restrictions should continue until: _____

Signature of physician: _____ Date: _____

Print name, address and phone number of physician:

In compliance with State Education Code, Section 51222, EDUHSD provides courses in physical education for all students enrolled in the district (Physical Education Programs are modified for students who have physical limitations).