



Passaic County Technical Institute

School Health Services

45 Reinhardt Road

Wayne, NJ 07470

F-Wing Nurse's Office: (973) 389-4225/2035/7218 Fax: (973) 389-4125

Main Lobby Nurse's Office: (973) 389-4145/ 4226 Fax: (973) 790-6670

Student Name: _____ ID #: _____ Date: _____

Diagnosis: _____

Use of cast, splint, brace, and crutches (how long): _____

Length of time **NOT** able to participate: _____

Please **CHECK** the appropriate physical activities, which this student **MAY** participate in due to their injury, illness, handicap or pregnancy:

- | | | |
|--|---|---|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Softball | <input type="checkbox"/> Basketball |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Football | <input type="checkbox"/> Frisbee Football |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Tennis | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Wrestling | <input type="checkbox"/> Karate | <input type="checkbox"/> Cheerleading |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Running (short distance) | <input type="checkbox"/> Running (long distance) |
| <input type="checkbox"/> Jogging | <input type="checkbox"/> Indoor Track | <input type="checkbox"/> Cross Country Track |
| <input type="checkbox"/> Low Impact Aerobics | <input type="checkbox"/> High Impact Aerobics | <input type="checkbox"/> Swimming (pool 1-8 feet) |
| <input type="checkbox"/> Table Tennis | | |
| <input type="checkbox"/> Weight Lifting and exercising (The weight room contains free weights, exercise benches, lower body machines, upper body machines, gravitron, and abdominal rollers) | | |

Special Notes/Restrictions for weight and exercise: _____

Project Adventure: Harness Pole climbing Wall Climbing Belaying
Non-manipulative Skills: Reaching Bending Squatting Stooping

Administrative Skills: Score Keeping Refereeing Non-contact Management

May **NOT** participate in any regular physical activity.

Comments: _____

Attending Physician Signature: _____ Date: _____

Phone: _____ Fax: _____