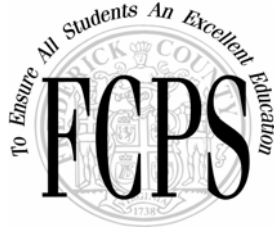


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Student Name: _____ Grade: _____

PE Teacher: _____ Class / Period: _____

Activity	May Participate	May Not Participate
Walking		
Running		
Track and Field		
Relays		
Jump Rope		
Sit Ups		
Push Ups		
Pacers (12 Minute Run)		
Warm up Exercises		
General Aerobics		
Dance		
Weight Room		
Wrestling		
Capture the Flag		
Soccer		
Hockey		
Basketball		
Football		
Volleyball		
Softball		
Tennis		
Golf		
Fitness/ Team Games (May include running and/ or balls)		
Physical Fitness tests including:		
• Pull Ups		
• Curl Ups		
• Sit & Reach		
• Mile Run		
Outdoor Recreational Activities		
Heart Rate Monitor		
Other:		



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Target Heart Rate for student during PE class: _____

Comments:

The above stated restrictions are in effect until: _____

Physicians Signature: _____

Physicians Name (printed) : _____ Date: _____

Address: _____

Phone #: _____ Fax #: _____

Please contact _____ at _____ if you have any questions or concerns. Please return this form to the school nurse.