



Roseville Joint Union High School District

Include
Picture
Here

- Adelante High School, 350 Atlantic Street, Roseville, CA 95678, 916.782.3155, FAX 916.782.4064
- Antelope High School, 7801 Titan Drive, Antelope, CA 95843, 916.726.1400, FAX 916.726.0700
- Granite Bay High School, One Grizzly Way, Granite Bay, CA 95746, 916.786.8676, FAX 916.786.0766
- Oakmont High School, 1710 Cirby Way, Roseville, CA 95661, 916.782.3781, FAX 916.782.4943
- Roseville High School, One Tiger Way, Roseville, CA 95678, 916.782.3753, FAX 916.786.3846
- Woodcreek High School, 2551 Woodcreek Oaks Blvd, Rsvl, CA 95747, 916.771.6565, FAX 916.771.6596
- West Park High School, 2401 High School Rd, Roseville, CA 95747, 916.786.2970, FAX 916.774.4902

REQUEST FOR MODIFIED OR ADAPTED PHYSICAL ACTIVITY

Parent Signature _____ Date: _____

----- TO BE COMPLETED BY PHYSICIAN -----

Recommendations for modified or adapted physical education activity:

Student/Patient's Name _____

Probable Term of Disability _____

DIAGNOSIS: Please indicate the type and extent of disability and make recommendations pertaining to each type (neurological disorder, heart/lung condition, orthopedic condition, postural deviations, hearing problems, vision problems, other problems).

Please indicate body areas in which exercise should be limited or eliminated: _____

Please provide activity recommendations for student's participation in a high school physical education class. **Please provide attached note if necessary.**

Movements	Omit	Moderate	Unlimited	Remarks
Flexion/Extension				
Hanging				
Lifting				
Pulling				
Pushing				
Running				
Stretching				
Swimming				
Throwing				
Twisting				
Walking				
Other				

Physician's Name (please print) _____ Date: _____

Physician's Signature _____ Phone: _____

Address _____

Nurse signature: _____ Date: _____

Counselor signature: _____ Date: _____