

Fairfield Warde High School

755 Melville Avenue • Fairfield, Connecticut 06825
(203) 255-8449 • FAX (203) 255-8212

FAIRFIELD WARDE HIGH SCHOOL
HEALTH SERVICES
Physical Activity Restriction Form

TO THE PHYSICIAN:

Student's Name _____ Date _____

Onset of Illness or Injury (date): _____ Diagnosis (optional) _____

The student is restricted from: (please check)

- _____ Contact Sports until _____
- _____ Non-Contact Sports until _____
- _____ Bearing weight until _____
- _____ Walking until _____
- _____ Running until _____
- _____ Lower Body exercise/weights until _____
- _____ Upper Body exercise/weights until _____
- _____ Flexibility exercise until _____
- _____ Cardio exercise (stationary bike, elliptical, steppers) until _____

The student may participate in: (please check)

- _____ Team sports (team handball, ultimate Frisbee, floor hockey, basketball, volleyball)
- _____ Racquet sports (badminton, tennis, pickleball)
- _____ Fitness class (strength training, cardio exercise (stationary bike, elliptical, stepper))
- _____ Fitness Walking
- _____ Fitness boxing
- _____ Yoga
- _____ Pilates
- _____ Dance
- _____ Golf

Next follow-up visit with MD (date, if any) _____

Student is cleared to return to full activity including contact sports on (date if known) _____

Health Care Provider Name Signature Date Phone