



***Building Excellence
Health Services***

Activity Tolerance

Student Name: _____ **School:** _____
Diagnosis: _____ **Date:** _____

Please circle appropriate restriction:

CATEGORY I

No restrictions

Activities may include endurance training, interscholastic athletic competition, and contact sports.

CATEGORY II

Moderate Exercise

Activities include regular P.E. classes, tennis, and baseball.

CATEGORY III

Light Exercise

Activities include nonstrenuous team games, recreational swimming, jogging, cycling, and golf.

CATEGORY IV

Moderate limitation

Activities include attending school, but no participation in P.E. classes.

CATEGORY V

Extreme limitations

Activities include homebound or wheelchair activities.

OTHER _____

PHYSICIAN (print name) _____

PHYSICIAN SIGNATURE _____

DATE _____

This form is for students who may have physical limitations (Physician's signature required).