



Student's Name: _____

Date: _____

RETURN TO SCHOOL/PHYSICAL EDUCATION FORM

RETURN TO SCHOOL STATEMENT

- May return to school
- May return to school after (#) _____ of weeks
- Next appointment: _____

MODIFIED ACTIVITY (check all that apply)

- No contact sports (see table on reverse side)
- No strenuous sports (see table on reverse side)
- No overhead sports
- No running/jumping
- No weightlifting
- No throwing
- No upperarm/overhead
- Biking/elliptical/stair master OK
- Swimming OK
- Physical Therapy exercise OK in place of gym

ACTIVITIES RECOMMENDED AT SCHOOL

- No restriction of activity
- No gym/sports in (#) _____ weeks
- May participate in gym, but not competitive sports
- May resume sports in (#) _____ weeks
- May resume gym in (#) _____ weeks
- May climb stairs with crutches/elevator OK
- Needs assistance between classes
- Set of extra books for home use recommended
- In place of PE: see **Modified Activity**
- Physical Therapy: OK to substitute for PE
- May work with certified athletic trainer
- Equipment:
 - Crutches
 - Braces
 - Cast
 - Walking (CAM) boot
 - Other: _____
 - # of _____ weeks

RESTRICTIONS: _____

COMMENTS: _____

PHYSICIAN INFORMATION

Physician's Signature: _____

Physician's Name: _____

Address: _____

Phone Number: _____

CLASSIFICATION OF SPORTS BY CONTACT

Contact or Collision	Limited Contact	Noncontact
Basketball	Baseball	Archery
Boxing*	Bicycling	Badminton
Diving	Cheerleading	Body building
Field hockey	Canoeing or kayaking	Bowling
Football	(white water)	Canoeing or kayaking
Tackle	Fencing	(flat water)
Ice hockey†	Field events	Crew or rowing
Lacrosse	High jump	Curling
Martial arts	Pole vault	Dancing‡
Rodeo	Floor hockey	Ballet
Rugby	Football	Modern
Ski jumping	Flag	Jazz
Soccer	Gymnastics	Field events
Team handball	Handball	Discus
Water polo	Horseback riding	Javelin
Wrestling	Racquetball	Shot put
	Skating	Golf
	Ice	Orienteering
	In-line	Power lifting
	Roller	Race walking
	Skiing	Riflery
	Cross-country	Rope jumping
	Downhill	Running
	Water	Sailing
	Skateboarding	Scuba diving
	Snowboarding	Swimming
	Softball	Table tennis
	Squash	Tennis
	Ultimate frisbee	Track
	Volleyball	Weight lifting
	Windsurfing or surfing	

* Participation not recommended by the American Academy of Pediatrics.

†The American Academy of Pediatrics recommends limiting the amount of body checking allowed for hockey players 15 years and younger to reduce injuries.

‡Dancing has been further classified into ballet, modern, and jazz since previous statement was published.

||A race (contest) in which competitors use a map and compass to find their way through unfamiliar territory.

CLASSIFICATION OF SPORTS BY STRENUOUSNESS⁴

High to Moderate Intensity

High to Moderate Dynamic and Static Demands	High to Moderate Dynamic and Low Static Demands	High to Moderate Static and Low Dynamic Demands
Boxing*	Badminton	Archery
Crew or rowing	Baseball	Auto racing
Cross-country skiing	Basketball	Diving
Cycling	Field hockey	Horseback riding (jumping)
Downhill skiing	Lacrosse	Field events (throwing)
Fencing	Orienteering	Gymnastics
Football	Race walking	Karate or judo
Ice hockey	Racquetball	Motorcycling
Rugby	Soccer	Rodeo
Running (sprint)	Squash	Sailing
Speed skating	Swimming	Ski jumping
Water polo	Table tennis	Water skiing
Wrestling	Tennis	Weight lifting
	Volleyball	
Low Intensity (Low Dynamic and Low Static Demands)		
	Bowling	
	Cricket	
	Curling	
	Golf	
	Riflery	

* Participation not recommended by the American Academy of Pediatrics.

Both tables from American Academy of Pediatrics, Committee on Sports Medicine and Fitness. Medical Conditions Affecting Sports Participation. *Pediatrics*. 2001; 107:1205-1209.