



Chartiers Valley Physical Education

“Can Do List”

To: Physician

From: Chartiers Valley Physical Education Department

CC: Valerie Keys, Chartiers Valley High School Principal

All students registered in the Chartiers Valley School District are required to participate in Physical Education. These courses must be adapted to meet individual student needs if the student has medical limitations. This means that a student who is unable to participate fully in their Physical Education program must have activities modified to meet his/her individual needs.

For your awareness and understanding, our Physical Education program is designed to incorporate a wide array of lifelong activities. These activities may involve one or several of the following movements or skill sets – throwing, catching, kicking, running, lifting, bending, twisting, hitting, walking, jumping, stretching, pushing, pulling, body contact, water activities, and outdoor activities.

(Please check the areas that the student may participate safely)

Student Name _____ Date ___/___/___



Limited Activity

Upper Body (No Contact)	Lower Body (No Contact)	Specific Rehab Exercises (No Contact)	Lifetime Activities Minimal Contact)
___ Upper Body Ergometer ___ Upper Body Resistance (free weights, pin loaded weight machines, exercise bands, Wii / X-Box)	___ Walking ___ Elliptical ___ Stationary Bike ___ Stepper/Treadmill ___ Lower Body Resistance (free weights, pin loaded weight machines, exercise bands, Wii / X-Box)	___ Please attach appropriate exercises and/or rehab program	___ Badminton ___ Bocce ___ Bowling ___ Softball ___ Jogging ___ Rock Wall Climbing ___ Pickleball ___ Swimming ___ Table Tennis ___ Volleyball ___ Yoga



Full Activity (No Restrictions)



No Activity

This is to certify that the above Physical Education requirements have been read and understood. The above patient also has been examined by his/her physician and it is recommended that his/her Physical Education program be modified according to the above noted restrictions/limitations until ___/___/___ (end date). Any further medical questions or concerns should be directed to Michelle Opferman, High School Nurse, at 412-429-2269, or mopferman@cvsd.net.

Physician Name (print) _____ Physician Phone # _____

Physician Signature _____ Date ___/___/___

Parent Name (print) _____ Parent Phone # _____

Parent Signature _____ Date ___/___/___