

**Kaukauna Area School District
Physical Education Recommendation/Return to Activity form**

Student: _____ School: _____

Home Address: _____

Home Phone: _____ Grade: _____ Parent: _____

Description of the injury/illness: _____

Time and date of injury/illness: _____ Sport Activity: _____

Injury/illness occurred in Practice: _____ Game: _____ Other: _____

To Be Completed by Physician

Physical Education is a requirement from the State of Wisconsin for **All** students

Physician: _____ Phone: _____

Referred: _____ To Whom: _____

Recommendations:

- . No restrictions (discharge) as of (date): _____
- . No practice or participation until (date): _____
- . Modified activities (please specify): _____
- . Length of modification: _____

Course Content: Please circle or indicate which activities this student **CAN** participate in.

Soccer	Speed Ball	Floor Hockey
Football	Fitness & Fitness Testing	Tumbling
Tennis	Volleyball	Dance
Basketball	Weight Training	Bowling
Organized Games	Walking	Jogging
Stretching	Weight Lifting: Lower Extremity	Upper Extremity
Badminton	Archery	Golf
Pickleball	Inline Skating	

Further recommendations and comments: _____

Signature of physician: _____ Date: _____