

**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: \_\_\_\_\_