



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: _____

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

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

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 (flat water)
Tackle †	Fencing	Crew or rowing
Ice hockey ‡	Field events	Curling
Lacrosse	High jump	Dancing
Martial arts	Pole vault	Ballet
Rodeo	Floor hockey	Modern
Rugby	Football	Jazz
Ski jumping	Flag	Field events
Soccer	Gymnastics	Discus
Team handball	Handball	Javelin
Water polo	Horseback riding	Shot put
Wrestling	Racquetball	Golf ¶
	Skating	Orienteering ¶¶
	Ice	Power lifting
	In-line	Race walking
	Roller	Riflery
	Skiing	Rope jumping
	Cross-country	Running
	Downhill	Sailing
	Water	Scuba diving
	Skateboarding	Swimming
	Snowboarding	Table tennis
	Softball	Tennis
	Squash	Track
	Ultimate frisbee	Weight lifting
	Volleyball	
	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.