

**Dolgeville Central School  
Physician's Documentation for Physical Activity Restrictions**

**To Be Completed by Student-Athlete's Physician or Emergency Room  
Physician Following Illness or Injury and Returned to the School Health Office**

\*Note: If the student-athlete has sustained a head injury or concussion, the school and physician must follow the District's concussion protocol. The protocol is available at [www.dolgeville.org](http://www.dolgeville.org) under the Board of Education link.

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Due to illness or injury, the above-named student has the following restrictions on physical activity:

**Complete Physical Activity Restriction:** The student may NOT participate in ANY forms of physical activity.

Effective Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Limited Physical Activity Restriction:** The student MAY participate in the following forms of physical activity:

- Lower body exercises – Examples: walking, treadmill, stationary bike, step machine, lower body weights
- Upper body exercises – Example: upper body weights
- Full body low-impact exercises – Example: Pilates, yoga, core workouts
- Non-contact sports – Examples: badminton, ping pong, bocce ball, tennis, golf

Effective Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**No Physical Activity Restrictions:** The student has no restrictions and may participate in all forms of physical activity.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

This document is to be completed by the student's physician and kept on file at Dolgeville Central School in accordance with New York State physical education regulations.