



# WATERLOO HIGH SCHOOL

505 E Bulldog Blvd.  
Waterloo, IL 62298  
Phone: 618/939-3455  
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Website: [wcusd5.net](http://wcusd5.net)

Lori Costello: Principal   Alan Guehne: Asst. Principal   Christy Osterhage: Asst. Principal   Mitch North: Athletic Director

## Doctor's Form for PE Restrictions and Medical Needs

Student's Name: \_\_\_\_\_

Dates under Dr's care: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date to return to PE/Weights without restriction: \_\_\_\_\_

Will the student need to be re-examined prior to returning to normal activity?   **Yes**      **No**

Check activities that student **can** participate in:

<b>18 machines strength training circuit</b>
Seated leg press
Leg Extension
Chest Press
Mid Row
Low back
Abdominal Crunch
Bicep Curl
Tricep Press
Shoulder Press
Lat Pull Down
Pec Deck

Incline Press
Seated Leg Press
Rear Delt
Inner/Outer Thigh
Hip Flexor
Dip/Chin Assist

No physical activities
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<b>Cardiorespiratory Equipment</b>
Recumbent bike
Upright Bike
Elliptical
Treadmill

Polar Heart Rate Monitor: Exercise in student's Target Heart Rate Zone (70-85% of MHR) for _____ minutes.
Pedometer: Walk/Run for 3,000 steps in 30 minutes
Casual walking during the class period (max 50 minutes)
Upper body weightlifting ONLY
Lower body weightlifting ONLY

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

Please note: IL state law **requires** all students enrolled in a public school entity to participate in daily physical education.

**Please fax form to 618-939-1373**

*Our mission is to prepare students to become responsible members of society by providing education, resources and services that encourage accountability, individual growth and lifelong learning.*