



WATERLOO HIGH SCHOOL

505 E Bulldog Blvd.
Waterloo, IL 62298
Phone: 618/939-3455
Fax: 618/939-1373

Website: wcusd5.net

Lori Costello: Principal Alan Guehne: Asst Principal Christy Osterhage: Asst. Principal Daniel Classen: 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 to be re-examined prior to returning to normal activity? **Yes** **No**

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

18 machines strength training circuit
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

Cardiorespiratory Equipment
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)
Weight lifting: Upper body ONLY
Weight lifting: Lower body 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