



**Nursing Services
Chippewa Falls School District**

Chippewa Falls Senior/Middle School

Recommendations for Physical Activity

Name of Student

Parent or Guardian

The following recommendations for physical education should be followed for
_____ (length of time).

- _____ Full activity with contact sports
- _____ Full activity without contact sports
- _____ Moderate activity (walking, golf, badminton)
- _____ Mild activity (simple games, shuffle board, table tennis, yard games
(bocce, ladder golf)
- _____ Weight Training
- _____ Cardio vascular room (elliptical, exercise bike, stairs, treadmill)
- _____ Therapy based activities
- _____ Prescribed activities / Exercises

_____ Other

Date

Signature of Physician