Uniondale Public Schools
Student Health Services
933 Goodrich Street
Uniondale, NY 11553

HEALTH & SAFETY FORM

_____ _____ _____ _____
Name of Student Grade School Date

Diagnosis or description of condition:

_____
_____
_____
_____
_____

Please indicate appropriate physical activity:

Physical Education	_____ Yes	_____ No	*Adaptive* PE	____ Yes	___No
Contact/Collision	_____ Yes	_____ No	Swimming	____ Yes	___No
Limited Contact/Impact	_____ Yes	_____ No	Weight Training	____ Yes	___No
Strenuous Non- Contact	_____ Yes	_____ No			
Nonstrenuous Non-Contact	_____ Yes	_____No			

NOTE: *As frequency and time duration of physical education vary for elementary, middle and high schools, kindly include such information to assist doctor in his orders.*_____

Comments regarding physical activity:

_____
_____
_____

Duration of restrictions _____ Weeks _____ Months _____ School Year

Does this student require the use of **crutches or cane?** _____ Yes _____ No

If yes, has student been instructed in the proper use of crutches? _____Yes _____No

Does this student require a return visit for re-evaluation? _____ Yes _____ No

May resume full activities on this date _____

_____
Health Provider's Signature Address

Revised 11/07 Stamp