



William Floyd Union Free School District

of the MASTICS – MORICHES – SHIRLEY

240 Mastic Beach Road, Mastic Beach, New York 11951-1028

(631) 874-1546 (631) 874-1548 (Fax)

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Lead Nurse

STUDENT: _____ **GRADE:** _____ **TEACHER:** _____

Dear Healthcare Provider:

Your patient _____ is registered in this school district and has indicated an inability to fully participate in the regular physical education program. So that you may assist us in designing a program adapted to meet his/her individual needs would you kindly complete this form and have the parent return to his/her school nurse. Thank you for your cooperation

CHECK ONLY WHERE NO PARTICIPATION IS RECOMMENDED:

- | | | | |
|-------------------------------------|--------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Throwing | <input type="checkbox"/> Catching | <input type="checkbox"/> Kicking | <input type="checkbox"/> Running |
| <input type="checkbox"/> Lifting | <input type="checkbox"/> Tumbling | <input type="checkbox"/> Bending | <input type="checkbox"/> Twisting |
| <input type="checkbox"/> Hitting | <input type="checkbox"/> Walking | <input type="checkbox"/> Jumping | <input type="checkbox"/> Stretching |
| <input type="checkbox"/> Pushing | <input type="checkbox"/> Pulling | <input type="checkbox"/> Dancing | <input type="checkbox"/> Aerobics |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Dodge Ball | <input type="checkbox"/> Softball | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Monkey Bars | <input type="checkbox"/> Slides | <input type="checkbox"/> Swings |
| <input type="checkbox"/> Rings | <input type="checkbox"/> See Saw | <input type="checkbox"/> All Playground Equipment | |
| <input type="checkbox"/> Tag | <input type="checkbox"/> Jump Rope | <input type="checkbox"/> Body Contact | <input type="checkbox"/> Out Doors |

OR

Excluded from Physical Education and Playground Recess Completely

DIAGNOSIS: _____

This is to certify that I have examined the above patient and recommend that his/her physical education/recess program be modified as specified above until _____ (date).

Physician's Signature and Stamp

Date

126A-RV09

William Floyd High School
Claire McCarthy, RN, (East) A-Le - 874-1139
Mary Alvar, RN, (West) Li-Z - 874-1259

William Floyd Middle School
Donna Moeller, RN - 874-5555

William Paca Middle School
Susan Sesto, RN - 874-1418

W.F.H.S. Alternative Education
Susan Sesto, RN - 874-1418

John S. Hobart Elementary School
Maureen Mackenzie, RN - 874-1248

Moriches Elementary School
Teresa Ergul, RN - 874-1402

Nathaniel Woodhull Elementary School
Kathleen Collins, RN - 874-1303

Tangier Smith Elementary School
Tina Stone, RN - 874-1345

William Floyd Elementary School
Denise Todaro, RN - 874-1270