

HEALTH OFFICE

- FX Nurses: 973-389-2035 / 973-389-4225 / 973-389-4145 - Fax #: 973-389-4125
- FX Nurses: 973-790-6000 Ext. 5018 - Fax #: 973-389-4125
- Main Lobby Nurses: 973-389-7218 / 973-389-4226 - Fax #: 973-790-6670
- Rocco Nurse: 973-389-4169 - Fax #: 973-389-4146
- STEM Nurses: 973-585-2235 / 973-790-6000 Ext. 5019 - Fax #: 973-646-3542 / 973-646-3533

Restriction Form

Student Name: _____ ID#: _____ Date: _____

Diagnosis: _____

- Use of cast, splint, brace, and crutches (How Long?): _____
- Length of time **NOT** able to participate: _____
- Please **CHECK** the appropriate physical activities, which this student **MAY** participate in due to their injury, illness, handicap, or pregnancy:

- | | | |
|---|--------------------------------|--------------------|
| _____ Aerobics High Impact | _____ Frisbee Football | _____ Soccer |
| _____ Aerobics Low Impact | _____ Golf | _____ Softball |
| _____ Baseball | _____ Indoor Track | _____ Swimming |
| _____ Basketball | _____ Jogging | _____ Table Tennis |
| _____ Cheerleading | _____ Karate | _____ Tennis |
| _____ Cross Country Track | _____ Lacrosse | _____ Volleyball |
| _____ Fencing | _____ Running (Long Distance) | _____ Walking |
| _____ Football | _____ Running (Short Distance) | _____ Wrestling |
| _____ Weightlifting and Exercising - (The weight room contains free weights, exercise benches, lower body machines, upper body machines, graviton and abdominal rollers.) | | |

- Special Notes/Restrictions for weight and exercise: _____

-Project Adventure: _____ Harness _____ Pole Climbing _____ Wall Climbing _____ Belaying

-Non-Manipulative Skills: _____ Reaching _____ Bending _____ Squatting _____ Stopping

-Administrative Skills: _____ Score Keeping _____ Refereeing _____ Non-Contact Management

_____ May **NOT** participate in any regular physical activity.

Comments: _____

Attending Physician Signature: _____ Date: _____

Phone: _____ Fax: _____

Physician Address: _____