



NEW TRIER HIGH SCHOOL

Kinetic Wellness (PE) Medical Restrictions

Please return form to healthservices@nthsh.net and KW Department Assistant (jabont@nthsh.net | douairej@nthsh.net)

Student's Name: _____

Nature of Illness/Injury: _____

Minimum length for restrictions: _____ Weeks _____ Months

Date of next follow-up appointment: _____

Elevator pass required? No Yes Elevator pass required through (Date): _____

Physical Education Restrictions	May Participate	May Not Participate	Comments
Free Weight Training – No restrictions			
Free Weight Training – Upper body only			
Free Weight Training – Lower body only			
Cybox Machines			
Core Strength			
Flexibility Training			
Stationary Bicycle			
Elliptical Machine			
Stairmaster			
Rowing Machine			
Walking			
Jogging			
Soccer			
Tennis			
Flag Football			
Lacrosse			
Swimming			
Badminton			
Softball			
Volleyball			
Basketball			
Golf			
Yoga			
Self-Defense			
Dance			
Outdoor Ed: kayaking, rappelling, climbing			
Rehabilitation Exercises (please provide)			

Physician (Please Print): _____

Phone: _____

Physician Signature: _____

Date: _____

FOR MORE INFORMATION, PLEASE CONTACT:

Winnetka Campus	Health Services: Anne Marie Ricchio, MSN, RN, PEL-CSN, NCSN	847-784-2111	healthservices@nthsh.net
Winnetka Campus	Kinetic Wellness Department Assistant: Terri Jabon	847-784-6552	jabont@nthsh.net
Northfield Campus	Health Services: Doreen Clough, BSN, RN, PEL-CSN, NCSN	847-784-7513	healthservices@nthsh.net
Northfield Campus	Kinetic Wellness Department Assistant: Jan Douaire	847-784-7517	douairej@nthsh.net

FOR KINETIC WELLNESS USE ONLY Teacher Name: _____	Date Received: _____
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