



6451 Center Street
Mentor, OH 44060

PHYSICAL EDUCATION RESTRICTION

Mentor High School

Clinic: Kutz@mentorschools.org

Physical Education Department; Pollock@mentorschools.org

Dear Sir / Madame:

Patient _____, a Mentor Exempted Village School District high school student is currently enrolled in a physical education class.

Please indicate the appropriate physical activity level for this student. You may return this form to the link(s) above or by fax to the MHS main office.

Thank you for your time.
K. Kutz, Clinic Supervisor
E. Pollock, HPE/Chair

- May participate with no restrictions.
- Participation is restricted to activities which do not cause patient discomfort.
- Participation is restricted to activities which do not involve active use of the injured area.
- Participation is restricted to upper body only. These activities may include table tennis, swinging a bat or golf club, selected weight training exercises, etc.
- Participation is restricted to lower body use only. These activities may include walking, biking, jogging, selected weight training exercises, etc.

Comments:

Signature: _____ Date _____

Phone Number _____

Email _____

Fax Number _____