

Mail to:

Steve Hartman, Adapted Physical Education Instructor **OR**
 (626) 914-8685
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Cliff Wurst, Adapted Aquatics Instructor
 (626) 914-8845

(Please Print)

Student Name, Last _____ First _____ Middle _____

Address _____ City _____ Zip _____

Phone () _____ Birthdate _____ Age _____

DESCRIPTION OF DISABILITY/DIAGNOSIS: _____

Degree of Disability: Permanent Temporary (45 days or greater) Temporary (less than 45 days)

Are there any medications or side effects from medications that we should be aware of relevant to this person's participation?

Medication	Purpose	Side Effects
_____	_____	_____
_____	_____	_____

The following are **EXERCISES AND/OR ACTIVITIES RECOMMENDED:**

For this student, please be specific (attach sheet if necessary):

The following are **PHYSICAL OR FUNCTIONAL LIMITATIONS** (contraindicated exercises):

For this student, please be specific (attach sheet if necessary):

Has this person experienced seizures in the past? Yes No If yes, date of the last seizure _____

Is this person currently experiencing seizures? Yes No

Permission to begin exercise program? Yes No Date _____

ADAPTED AQUATICS ONLY

Should any special precautions be taken?

- Needs to wear nose clip Should **not** dive Should **not** put head under water
- Needs to wear ear plugs Should **not** hold breath Has allergic reaction to pool cleaning agents (i.e. chlorine)
- Needs specific water temperature _____ °F. Should **not** hyperventilate Other (explain) _____

 Licensed/Certified Professional (type or stamp)

 Signature of Licensed/Certified Professional

 Address

 Phone Number

 City Zip Code

 Date