



Health Services

Inspiring Today's Students To Meet Tomorrow's Challenge
2845 Greensprings Drive · Klamath Falls, OR 97601 · 541-851-8760 · FAX 541-885-3366

ACTIVITY RECOMMENDATIONS FOR SCHOOL

Name _____ DOB _____

Medical Diagnosis _____ School _____

SCHOOL ATTENDANCE

- _____ Able to attend school full time
- _____ Attend school partial days
- _____ Unable to attend school at this time
- _____ Home tutor requested
- Anticipated date of return _____

PHYSICAL ACTIVITY

- _____ No restrictions
- _____ Restrictions
 - _____ Playground equipment (i.e. swings, climbing structures) _____
 - _____ No PE _____ No contact sports _____
 - _____ Other physical activity restrictions: _____
- Duration of recommendations: Days _____ Weeks _____ Months _____

ANY OTHER ACCOMMODATIONS NEEDED FOR SCHOOL

Health Providers Signature _____ Date _____

Printed Name _____

KCSD District RN Name _____