QUEENSBOROUGH COMMUNITY COLLEGE CUNY

OFFICE OF HEALTH SERVICES

FROM: Ms. Isabel Hocevar, RN

Date: ______________________

Dear Doctor:

It is our responsibility to make sure each student is physically capable of participating in our Physical Education Program. Since there is a question as to whether or not ______________________________ ______________________________ (student name) may do so, please indicate from the list below any activity in which you feel this student may **safely** participate.

- ☐ Archery
- ☐ Badminton
- ☐ Basketball
- ☐ Bowling
- ☐ Cycling
- ☐ DANCE: Aerobic Dance Exercise
- ☐ DANCE: Ballet (Beginning)
- ☐ DANCE: Jazz Dancing
- ☐ DANCE: Modern Dancing (Beginning)
- ☐ Fencing
- ☐ Golf (Classroom only)
- ☐ Gymnastics
- ☐ Horseback Riding
- ☐ Jogging
- ☐ Karate
- ☐ Paddleball
- ☐ Table Tennis
- ☐ Self-defense
- ☐ Skiing
- ☐ Skin & Scuba Diving
- ☐ Slimnastics
- ☐ Soccer
- ☐ Softball
- ☐ Swimming
- ☐ Tai Ji Exercise
- ☐ Tennis
- ☐ Touch Football
- ☐ Trampoline & Tumbling
- ☐ Weight Training
- ☐ Yoga

Remarks: ____

____

____

Doctor's Signature/Stamp: ____

01/2018 18-393

ONE COMMUNITY. INFINITE POSSIBILITIES.

718-631-6375
FAX 718-631-6330
Medical Arts, Room 02
222-05 56th Avenue
Bayside, NY 11364-1497