



SAN JOSE CITY COLLEGE

Disabilities Support Program & Services

2100 Moorpark Avenue, San Jose, CA 95128 (408) 288-3746 Fax: (408) 971-8201

**Adapted Physical Education Health Verification
MEDICAL REFERRAL FORM**

Name: _____ SS#: _____ Date: _____
Address: _____ City: _____ Zip Code: _____
Date of Birth: _____ Age: _____

Signature of Student for Release of Information

Your patient desires to enroll in an Adapted Physical Education class at San Jose City College. These classes are highly specialized and individualized in order to meet the needs and interest of your patient. All classes are taught by a Certified Adapted Physical Educator. We need your assistance in verifying your patient's disability and functional limitations, in order to plan a comprehensive program. Please complete the following and return to the Disabilities Support Program & Services at the address above. In order for your patient to enter our class we must have this form on file.

For More Information contact:

Tait Rafat, Coordinator of Adapted Physical Education, San Jose City College, 408-288-3732

THANK YOU.

A. Diagnosis and /or Disability: _____

B. Functional Limitations: _____

C. Brief Prognosis and Limiting Effects: _____

Please check which activities would be most beneficial for this student.

GROUP ACTIVITIES

- Adapted Sports & Games
- General Conditioning

PROGRESSIVE STRENGTHENING EXERCISE

- Circuit Conditioning
- Dumbbell Exercises

NON-WEIGHT BEARING ACTIVITIES

- Range-of-Motion
- Active Stretching

MILD CARDIOVASCULAR CONDITIONING

- Stationary Bicycle
- Rowing Machine
- Swimming
- Treadmill

WEIGHT BEARING ACTIVITIES

- Ambulation
- Standing Frame

- Partial Weight Bearing
- Non-Weight Bearing

CONTRAINDICATIONS:

Health Care Professional

Health Care Professional's Signature

Telephone Number

Facility

Address

City

Zip