

Physical Education Asthma Form

Please indicate the appropriate responses below.
It will be assumed that incomplete or unmarked directions do not apply to this student.

My patient, {print name} _____, has mild moderate severe asthma and should participate in a regular modified physical education program.

The patient should use an inhaler _____ approximately _____ minutes before P.E. class.

If symptoms of asthma occur during exercise, this patient should use _____ puffs of his/her inhaler and repeat this dose every _____ hours.

PLEASE INITIAL ONE OF THE FOLLOWING RESTRICTIONS:

_____ This patient may participate in all activities, including running and swimming, but occasionally may become symptomatic and may need to slow down or stop.

_____ This patient should run no further than _____ or no longer than _____ minutes.

_____ This patient may run in short bursts only with rest in between (as in field games, basketball, or tennis).

_____ This patient may not run in P.E. this semester, but may walk.

_____ This patient may not run in P.E. this school year, but may walk.

The following modifications should be made: _____

Comments: _____

DOCTOR'S SIGNATURE X	DATE	PHONE NUMBER
PRINT DOCTOR'S NAME		