



Physical Activity Restrictions

Patient Name: _____ Age: _____ Date of Birth: _____

Diagnosis: _____

_____ (patient) may participate in all age-appropriate physical activities and has no physical restrictions.

_____ (patient) needs minor accommodations including:

- access to drinking water at all times
 - self-limit activities (rest when needed)
 - avoid excessive heat or cold
- Other: _____

_____ (patient) should NOT participate in the following activities due to his/her congenital heart defect. Participation in these activities could cause severe injury or harm:

- Running
 - Contact sports
 - Competitive sports
 - Weight lifting
 - Martial Arts (Karate, Taikwondo, etc.)
 - Yoga
 - Travel to altitudes over: _____ feet
 - Oxygen should be used when flying
 - Hot tubs
- Other: _____

Some heart patients look healthy but have internal abnormalities that can adversely affect their physical abilities and stamina. Caretakers and school officials need to closely follow any restrictions prescribed by physicians to avoid serious harm to the child's health.

Physician Name (print)

Phone number

Physician signature

Date

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