



## **Physical Activity Modification Policy**

Under the university core curriculum, UCFH 120 Concepts of Fitness and Health is required of all students. Depending on the program, one or two additional physical activity courses may also be required. Students who have a disability affecting physical activity may need to request a modification to the Physical Activity Core Requirements, and should follow the procedures outlined below.

### **The process for requesting a physical activity modification or substitution is as follows:**

1. The student should complete the application for accommodations. Instructions for accessing this can be found at [www.samford.edu/dr](http://www.samford.edu/dr), click on "Requesting Accommodations."
2. The student should submit documentation of their disability which adheres to the documentation guidelines ([www.samford.edu/dr](http://www.samford.edu/dr), click on "Requesting Accommodations") in addition to the Physical Restrictions Form on page 2 of this policy.
3. The student will be asked to meet with a Disability Resources staff member to discuss their disability and the requested accommodations.
4. The student will be notified of any approved modifications and will be responsible for discussing these with their professor. If a modification cannot be provided and a physical activity course substitution is necessary, then curriculum substitutions will be determined by Disability Resources, the Chair of Kinesiology, and the Physical Activities Coordinator.

### **Questions regarding housing accommodations should be addressed to:**

Samford University Disability Resources      University Center Room 205

Phone: 205-726-4078

Fax: 205-726-2842

Email: [disability@samford.edu](mailto:disability@samford.edu)



# Samford University

## Disability Resources

### Documentation Guidelines and Physical Restrictions Form

Documentation Guidelines for each disability category are available on the Disability Resources website ([www.samford.edu/dr](http://www.samford.edu/dr), click on “Requesting Accommodations”) and should be shared with the student’s treatment provider. In addition to the information requested in the documentation guidelines, the following form should be completed by a qualified medical professional to determine if physical activities can be satisfactorily modified (also refer to course requirements on the next page):

**Student Name:** \_\_\_\_\_

**Physical restrictions:**

\_\_\_\_\_ Able to complete course **without** physical restrictions

\_\_\_\_\_ Able to complete course **with** the following restrictions:

- |   |                    |
|---|--------------------|
| _____ Limited use of right/left upper extremity | _____ No walking   |
| _____ Limited use of right/left hand            | _____ No running   |
| _____ No lifting over _____ pounds              | _____ No pulling   |
| _____ No prolonged sitting/standing             | _____ No climbing  |
| _____ No repetitive bending                     | _____ No pushing   |
| _____ No repetitive lifting/carrying            | _____ No squatting |

Other restrictions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Unable to participate in course even with physical activity modifications

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Students should submit their documentation and this completed form to Disability Resources. The student should also share a copy of this form with their physical activity course instructor.**

Samford University Disability Resources

Phone: 205-726-4078      fax: 205-726-2842      email: [disability@samford.edu](mailto:disability@samford.edu)

Mailing address: 800 Lakeshore Drive Birmingham, AL 35229