



CHDResources.org

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 Other:

___ self-limit activities (rest when needed)

___ avoid excessive heat or cold

_____ (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

___ Travel to altitudes over: _____ feet

___ Contact sports

___ Oxygen should be used when flying

___ Competitive sports

___ Hot tubs

___ Weight lifting

Other:

___ Martial Arts (Karate, Taikwondo, etc.)

___ Yoga

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