



Oral Roberts University

Office of Student Resources

Phone: 918 495-6913

Fax: 918 495-7879

Email: thbellatti@oru.edu

It is a fundamental requirement of Oral Roberts University (ORU) and the Health, Physical Education, and Recreation (HPER) department that all students develop a healthy lifestyle through appropriate physical activity and good health habits. This requirement is accomplished through Health and Physical Education (HPE) courses that are to be taken every full-time semester of enrollment.

Each student should expect some or all of the following activities to be required of them during an HPE course:

- Participating in weekly physical activities, consisting of the activities below.
- Maintain a weekly log of aerobic points earned by participating in daily physical activity.
- Participating in a bi-yearly timed field test that consists of completing either a 2 miles walking or jogging, 5 miles cycling, 800 meters swim, or a arm ergo meter.

According to the ADA Amendments Act of 2008, ORU is able and willing to make accommodations to HPE courses to fit the varying needs of individuals based upon appropriate documentation regarding the functional impact(s) of a limitation or disability, whether permanent or temporary. Any variation from the ORU HPER policy will require proper documentation of the student's limitations. All documentation should clearly identify the parameters of any physical issues and be processed through the Office of Disability Services in the Student Resources department.

The subsequent information applies to the following student of ORU: _____

Znumber: _____

Date of Birth: _____

This student should **NOT BE ALLOWED** to participate in the following activities: (Please provide any supporting documentation)

☐ Running

☐ Temporary: _____ weeks

☐ Permanent

☐ Walking

☐ Temporary: _____ weeks

☐ Permanent

☐ Swimming

☐ Temporary: _____ weeks

☐ Permanent

☐ Stairs / Stair climber

☐ Temporary: _____ weeks

☐ Permanent

☐ Arm Ergo Meter

☐ Temporary: _____ weeks

☐ Permanent

☐ Lifting Weights

☐ Temporary: _____ weeks

☐ Weight Limitation: _____

☐ Permanent

☐ *Other: _____

☐ Temporary: _____ weeks

☐ Permanent

(*Other activities the student may be participating in might include sports such as racquetball, basketball, soccer, volleyball, tennis, etc.)



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In light of the student's current abilities, they **ARE ALLOWED** to participate in the following activities:

☐ Running

☐ No limitations

☐ With limitations: _____

☐ Arm Ergo Meter

☐ No limitations

☐ With limitations: _____

☐ Walking

☐ No limitations

☐ With limitations: _____

☐ Lifting Weights

☐ No limitations

☐ With limitations: _____

☐ Swimming

☐ No limitations

☐ With limitations: _____

☐ *Other: _____

☐ No limitations

☐ With limitations: _____

☐ Stairs / Stair Climber

☐ No limitations

☐ With limitations: _____

(*Other activities the student may be participating in might include sports such as racquetball, basketball, soccer, volleyball, tennis, etc.)

All courses at ORU require attendance for the designated class period. Does this student's disability affect or have the potential to affect their ability to attend class? If yes, please explain by providing further details and how long you expect this to affect their attendance.

Physician's Full Name: _____

Contact Number: (____) ____ - ____

Office Address: _____

City, State, Zip: _____

Physician's Signature: _____ Date: ____ / ____ / ____