

Physical Education Short-term Illness or Injury Restriction Report



Office of Curriculum and Instructional Programs
PreK-12 Health and Physical Education
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MCPS Form 345-22
June 2019
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INSTRUCTIONS

This form should be considered for completion if an authorized health care provider has indicated that a student's physical activity should be restricted in physical education classes. The authorized health care provider may use this form to specify the nature and duration of the restriction.

PART I: TO BE COMPLETED BY THE PARENT/GUARDIAN (Please type or print all information.)

Student Name (Last, First, Middle) _____ Date ____/____/____

School _____ Grade ____ MCPS Student ID _____

Authorized Health Care Provider Name _____ Phone ____-____-____

I give my permission for MCPS or the School Community Health Nurse to contact the authorized health care provider named above and confidentially and discreetly use the contents of this form to plan my child's physical education program.

I understand that my electronic submission of this form and my electronic signature are intended to be, constitute, and are equivalent to my personal signature.

Signature, Parent/Guardian _____ Date ____/____/____

PART II: TO BE COMPLETED BY THE AUTHORIZED HEALTH CARE PROVIDER

Medical diagnosis _____

Duration of the condition: Short Term

The condition is: Progressive Nonprogressive

Date student may return to unrestricted activity ____/____/____

Date student will be reexamined ____/____/____

Functional Capacity (please check one and complete form on other side)

- Unrestricted (no restrictions on contact or intensity)
- Self-limited (student is able to determine appropriate activities)
- Mild-restriction (only avoid vigorous activities)
- Moderate restriction (limits sustained, strenuous activities)
- Severe restriction (limits are severe)

PART III: TO BE COMPLETED BY THE AUTHORIZED HEALTH CARE PROVIDER. Check all activities that you consider to be appropriate for the student to participate in. Remember that all activities will be modified for student's ability level.

Locomotor Skills:

- Walk Hop Run Slide Skip Jump Gallop Leap

Fitness:

- | | | | | | |
|-----------------------|--|---|---|--|------------------------------------|
| Cardiovascular | <input type="checkbox"/> Aerobic Dance | <input type="checkbox"/> Exercise Bicycle | <input type="checkbox"/> Jump Rope | <input type="checkbox"/> Step Aerobics | <input type="checkbox"/> Treadmill |
| | <input type="checkbox"/> Aerobic Walk | <input type="checkbox"/> Jog/Run | <input type="checkbox"/> Rowing Machine | <input type="checkbox"/> Stair Stepper | |
| Flexibility | <input type="checkbox"/> Arm/Hand | <input type="checkbox"/> Back/Abdominal | <input type="checkbox"/> Hip/Pelvis | <input type="checkbox"/> Leg/Knee | |
| | <input type="checkbox"/> Arm/Shoulder | <input type="checkbox"/> Head/Neck | <input type="checkbox"/> Leg/Foot | | |

Muscular Strength and Endurance

- Curl Ups Free Weights (light) Plyometrics Pull/Chin Ups Weight Machines

Dance Activities:

- Aerobic Ethnic/Folk Modern Square Dance Other _____
- Ballet Jazz Social Dance Western

PART III: CHECK ALL ACTIVITIES THAT YOU CONSIDER TO BE APPROPRIATE FOR THE STUDENT TO PARTICIPATE IN.

Remember that all activities will be modified for student's ability level (continued).

Individual Skills (non contact activities and individual practice skills):

- | | | | | |
|--|---------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Fencing | <input type="checkbox"/> Horseshoes | <input type="checkbox"/> Rapid Overhead Movements | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Soccer | <input type="checkbox"/> Kicking Dynamic Objects | <input type="checkbox"/> Throwing |
| <input type="checkbox"/> Basketball Skills | <input type="checkbox"/> Swimming | <input type="checkbox"/> Softball | <input type="checkbox"/> Kicking Stationary Objects | <input type="checkbox"/> Track and Field |
| <input type="checkbox"/> Bouncing | <input type="checkbox"/> Table Tennis | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Striking Dynamic Objects | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Frisbee | <input type="checkbox"/> Paddleball | <input type="checkbox"/> Striking Stationary Objects | |
| <input type="checkbox"/> Catching | <input type="checkbox"/> Golf | <input type="checkbox"/> Pickleball | <input type="checkbox"/> Flag/Touch Football | |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Handball | <input type="checkbox"/> Racquetball | <input type="checkbox"/> Floor/Street Hockey | |

Team Activities (game situations where contact with other students is likely to occur):

- | | | | |
|---------------------------------------|--|--|--|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Flag/Touch Football | <input type="checkbox"/> Soccer | <input type="checkbox"/> Track and Field |
| <input type="checkbox"/> Cricket | <input type="checkbox"/> Floor/Street Hockey | <input type="checkbox"/> Softball | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Frisbee | <input type="checkbox"/> Speedball | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Team Handball | |

Tumbling and Gymnastics:

- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Balance Beam | <input type="checkbox"/> Inverted Activities | <input type="checkbox"/> Pyramid Building | <input type="checkbox"/> Uneven Bars |
| <input type="checkbox"/> Climbing Rope | <input type="checkbox"/> Parallel Bars | <input type="checkbox"/> Rings | <input type="checkbox"/> Vaulting Box |
| <input type="checkbox"/> Horizontal Bar | <input type="checkbox"/> Pommel Horse | <input type="checkbox"/> Stunts and Tumbling | |

Types of Games

- | | | | |
|--|--------------------------------------|---|----------------------------------|
| <input type="checkbox"/> Chasing/fleeing | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Propelling/Receiving | <input type="checkbox"/> Tagging |
|--|--------------------------------------|---|----------------------------------|

Provide additional comments that will aid in the modification of physical education for this student:

I understand that my electronic submission of this form and my electronic signature are intended to be, constitute, and are equivalent to my personal signature.

Signature, Authorized Health Care Provider _____ Date ____/____/____