**體育課短期疾病或受傷限制報告**

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

MCPS表格345-22  
2019年5月  
第1頁. 共2頁

**說明**

如果正規的保健業者/SCHN表示應當限制學生在體育課中的體育活動，則應當考慮填寫這份表格。正規的保健業者/SCHN可以使用這份表格具體說明限制的性質和持續時間。

**第一部分: 由家長/監護人填寫(請打印或用正楷填寫所有信息。)**

學生姓名(姓、名、中間名) ____________________________________________________________ 日期_____/_____/______

學校__________________________________ 年級 ______ MCPS學生ID ____________________________

正規保健業者的姓名 _______________________________________________________________ 電話號碼 ______-______-_______

我允許MCPS與上述的正規保健業者/SCHN聯繫，並在保密和謹慎的情況下使用這份表格中的內容規劃我孩子的體育課程。

我明白，我通過電子形式提交這份表格和我的電子簽名即是、代替和等同我的親筆簽名。

簽名，家長/監護人 ____________________________________________________________________ 日期_____/_____/______

**第二部分: 由正規的保健業者/SCHN填寫**(TO BE COMPLETED BY THE AUTHORIZED HEALTH CARE PROVIDER/SCHN.)

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)

**第三部分: 由正規的保健業者/SCHN填寫**(TO BE COMPLETED BY THE AUTHORIZED HEALTH CARE PROVIDER/SCHN. 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  
- Aerobic Dance  
- Exercise Bicycle  
- Jump Rope  
- Step Aerobics  
- Treadmill  
- Aerobic Walk  
- Jog/Run  
- Rowing Machine  
- Stair Stepper

- Flexibility  
- Arm/Hand  
- Back/Abdominal  
- Hip/Pelvis  
- Leg/Knee  
- Arm/Shoulder  
- Head/Neck  
- 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
### Third Part: To be Completed by the Authorized Health Care Provider/SCHN

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

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

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

- Basketball
- Flag/Touch Football
- Soccer
- Track and Field
- Cricket
- Floor/Street Hockey
- Softball
- Volleyball
- Fencing
- Frisbee
- Speedball
- Wrestling
- Field Hockey
- Lacrosse
- Team Handball

**Tumbling and Gymnastics:**

- Balance Beam
- Inverted Activities
- Pyramid Building
- Uneven Bars
- Climbing Rope
- Parallel Bars
- Rings
- Vaulting Box
- Horizontal Bar
- Pommel Horse
- Stunts and Tumbling

**Types of Games**

- Chasing/fleeing
- Cooperative
- Propelling/Receiving
- Tagging

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

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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/
School Community Health Nurse

Date / / 

抄送: 校長、體育課老師、學校社區保健護士、幼前-12年級健康和體育主管