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
2019년 5월
1/2

기재방법
이 양식은 자격증이 있는 의료 담당자/학교 양호 담당 간호사(school community health nurse-SCHN)가 학생이 체육시간에 신체적 활동을 제한해야 한다고 지시할 경우에 작성해야 합니다. 자격증이 있는 의료 담당자/학교 양호 담당 간호사는 이 양식에 제한하는 이유와 기간을 자세히 기재해야 합니다.

1부: 학부모/후견인이 작성해야 합니다. (모든 정보는 타이브 또는 프린트체로 적어주세요)

학생 이름 (성, 이름, 중간 이름 이니셜)__________________________________________________________ 날짜 / /

학교 ____________________________________________ 학년 ______ MCPS 학생번호 __________

자격증이 있는 의료 담당자 이름 __________________________________________________________

전화번호 ______-______-_______

본인은 MCPS가 위의 자격증이 있는 의료 담당자/학교 양호 담당 간호사와 연락하고 본인 자녀의 체육 프로그램을 계획하는 것과 보안을 유지하고 신중하게 이 양식의 내용을 사용하는 것을 허락합니다.

본인은 본인이 온라인으로 제출한 이 양식과 전자 서명이 본인의 의지에 따라 이루어졌으며 본인의 서명을 대신한다는 것을 이해합니다.

서명, 부모/후견인 _____________________________________________________________________ 날짜 / /

제2부: 의료 담당자가 작성(TO BE COMPLETED BY THE 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)

3부: 의료 담당자가 작성(TO BE COMPLETED BY THE AUTHORIZED HEALTH CARE PROVIDER/SCHN.)

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

- Archery
- Badminton
- Basketball Skills
- Bouncing
- Bowling
- Catching
- Cycling
- Field Hockey
- Fencing
- Frisbee
- Golf
- Handball
- Horseshoes
- Inverted Activities
- Ironing
- Jumping
- Kicking Dynamic Objects
- Kicking Stationary Objects
- Lacing
- Lacrosse
- Paddleball
- Pickleball
- Parallel Bars
- Peeling
- Pickleball
- Pommel Horse
- Pyramid Building
- Propelling/Receiving
- Rapid Overhead Movements
- Receiving
- Rhythmic Activities
- Line Dancing
- Softball
- Space Awareness
- Speedball
- Sprinting
- Sprints
- Striking Dynamic Objects
- Striking Stationary Objects
- Swinging
- Table Tennis
- Team Handball
- Tennis
- Throwing
- Track and Field
- Track and Field
- Tumbling
- Uneven Bars
- Unexpected
- Volunteering
- Wrestling
- Yellow Jackets
- Yoyo
- Yoyo

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

- Basketball
- Cricket
- Cycling
- Field Hockey
- Fencing
- Frisbee
- Golf
- Handball
- Horseshoes
- Ironing
- Jumping
- Kicking Dynamic Objects
- Kicking Stationary Objects
- Lacing
- Lacrosse
- Paddleball
- Pickleball
- Pommel Horse
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- Wrestling
- Yellow Jackets
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- Yoyo

### Tumbling and Gymnastics:

- Balance Beam
- Climbing Rope
- Horizontal Bar
- Inverted Activities
- Parallel Bars
- Pommel Horse
- Pyramid Building
- Rings
- Vaulting Box
- 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:

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 __/__/__

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