

# Reporte de Restricción de Educación Física a Corto Plazo Debido a Enfermedad o Lesión



Office of Curriculum and Instructional Programs  
Salud y Educación Física PreK-12  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

Formulario 345-22 de MCPS  
Mayo 2019  
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## INSTRUCCIONES

Este formulario deberá ser tomado en consideración para ser completado si un/a profesional certificado/a en cuidados de la salud o el enfermero/a de la comunidad escolar (school community health nurse-SCHN) ha indicado que un/a estudiante deberá restringir su actividad física en clases de educación física. El/la profesional certificado/a en cuidados de la salud o el enfermero/a de la comunidad escolar (SCHN, por sus siglas en inglés) puede usar este formulario para especificar la naturaleza y duración de la restricción.

## PARTE I: DEBE SER COMPLETADA POR EL PADRE/MADRE/GUARDIÁN (POR FAVOR USE UN TECLADO O ESCRIBA TODA LA INFORMACIÓN EN LETRA DE MOLDE/IMPRENTA.)

Nombre del/de la Estudiante (Apellido, Primer Nombre, Segundo Nombre) \_\_\_\_\_ Fecha \_\_\_\_/\_\_\_\_/\_\_\_\_

Escuela \_\_\_\_\_ Grado \_\_\_\_ Estudiante de MCPS No. \_\_\_\_\_

Nombre del Proveedor/a Certificado/a en Cuidados de la Salud \_\_\_\_\_ Teléfono \_\_\_\_-\_\_\_\_-\_\_\_\_

Otorgo mi permiso para que MCPS contacte al/a la profesional certificado/a en cuidados de la salud o al/a la SCHN anteriormente nombrado/a y que el contenido de este formulario sea usado de manera confidencial y discreta para planificar el programa de educación de mi hijo/a.

Entiendo que el envío electrónico de este formulario y mi firma electrónica tienen como intención ser, constituir y equivaler a mi firma personal.

Firma, Padre/Madre/Guardián \_\_\_\_\_ Fecha \_\_\_\_/\_\_\_\_/\_\_\_\_

## PARTE II: TO BE COMPLETED BY THE AUTHORIZED HEALTH CARE PROVIDER/SCHN (DEBE SER COMPLETADA POR EL PROVEEDOR/A CERTIFICADO/A EN CUIDADOS DE LA SALUD O EL/LA 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)

## PARTE III: TO BE COMPLETED BY THE AUTHORIZED HEALTH CARE PROVIDER/SCHN (DEBE SER COMPLETADA POR EL PROVEEDOR/A CERTIFICADO/A EN CUIDADOS DE LA SALUD O EL/LA SCHN)

### Locomotor Skills:

- Walk  Hop  Run  Slide  Skip  Jump  Gallop  Leap

### Fitness:

- |                       |  |   |   |  |                                    |
|-----------------------|--|---|---|--|------------------------------------|
| <b>Cardiovascular</b> | <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 |                                    |
| <b>Flexibility</b>    | <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

**PARTE III: TO BE COMPLETED BY THE AUTHORIZED HEALTH CARE PROVIDER/SCHN (DEBE SER COMPLETADA POR EL PROVEEDOR/A CERTIFICADO/A EN CUIDADOS DE LA SALUD O EL/LA SCHN)**

**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/  
School Community Health Nurse \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_