



# Physical Education Physician Contact Form

Office of Curriculum and Instructional Programs  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

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

Student Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

School \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

I give my permission for MCPS to contact the physician and confidentially and discreetly use the contents of this form to plan my child's physical education program.

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature, Parent Date

## PART II: TO BE COMPLETED BY THE PHYSICIAN

Medical diagnosis \_\_\_\_\_

Duration of the condition:  Short Term  Long Term  Permanent

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 PHYSICIAN. 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

**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:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Signature, Physician* *Date*

School Name \_\_\_\_\_

School Address \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Signature, Principal* *Date*