

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/學校社區保健護士(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

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. 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/
School Community Health Nurse _____ Date ____/____/____