

질병 또는 상해에 의한 체육 단기 제한 보고 양식

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

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