

Calvert County Public Schools

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Calvert County Public Schools Physician's Referral for Participation in Physical Education

Student Name: _____ Date Initiated: _____
Home Phone: _____ Date of Birth: _____
Address: _____ School: _____
_____ Grade: _____
_____ Student ID: _____

All students in Calvert County Public Schools (CCPS) are required to participate in physical education. Please provide the information requested below to enable CCPS to develop a modified physical education program to meet the student's needs. **This form may not be used to exempt a student from physical education activities for an entire school year.**

Medical Diagnosis: _____

General implications of medical diagnosis on student's participation in physical activity:

Duration of Condition: ___ short term ___ long term ___ permanent

The condition is: ___ progressive ___ non progressive

(If applicable): Date student will be reexamined: _____

(If applicable): Date student may return to unrestricted activity: _____

Other health conditions (latex allergy, seizures, shunt, etc.) and/or medications that may affect participation in physical activity and/or outdoor activity: _____

Based on the medical diagnosis, please check the appropriate level of participation in each of the areas listed below

Cardiorespiratory Exertion

- ___ high intensity (running, sprinting, with no restrictions on time/distance)
- ___ moderate intensity (dancing, power walking, light jog with time restrictions)
- ___ low intensity (walking, seated fitness skills such as leg lifts, arm raises)

Muscular Strength/Endurance

- ___ weight lifting, lower body (light free weights, resistance bands, no weights)
- ___ weight lifting, upper body (light free weights, resistance bands, no weights)
- ___ standing activities (calf raises, wall push ups, leg lifts, arm lifts, isometric activities)
- ___ seated activities (calf raises, leg lifts, arm lifts, seated push ups)

Flexibility

- ___ high intensity (yoga, lower and upper body stretches without assistance)
- ___ moderate intensity (no physical assistance needed, while seated, only upper or lower body stretches specified)
- ___ low intensity (physical assistance needed, while seated)

Locomotor skills

- ___ high intensity (jumping, galloping, skipping, leaping, hopping, running)
- ___ moderate intensity (sliding, walking backwards, brisk walk/jog)
- ___ low intensity (walking, sit – to – stand, leg lifts, arm lifts)
- ___ non locomotor skills (stretching, bending, turning, hand clapping, movements where individual does not travel from one location to another)

Object Control Skills

- ___ produce force on an object (overhand throw, underhand toss, kicking, dribbling, striking, rolling)
 - ___ no force involved (catching, picking up objects, handing objects off to a partner)
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Please be specific in the following comment area below. For example, if a student can walk (how long, how far, maximal heart rate). Another example would be weight training/resistance bands for upper extremities if student is in long leg cast (maximum weight amount to lift, how many repetitions).

Physician's Comments:

Please return to:

Staff Name: _____

Physician's Name: _____

School Address: _____

Address: _____

Phone Number: _____

Phone Number: _____

Fax Number: _____

Fax Number: _____

Physician's Signature: _____

Date: _____