Physician's Referral for Participation in Physical Education

Fairfax County PUBLIC SCHOOLS
ENGAGE • INSPIRE • THRIVE

Student Name _____ Date Initiated _____

Home Phone _____ Date of Birth _____

Address _____ School _____

_____ Grade _____

_____ Student ID Number _____

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

Medical diagnosis _____

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

Duration of the condition: ☐ short term ☐ long term ☐ permanent

The condition is: ☐ progressive ☐ non-progressive

Date student will be reexamined _____ 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

<u>Functional Capacity</u> (check one)

☐ unrestricted–full participation in all activities.

☐ restricted–participation allowed as documented in areas listed below.

☐ limited–participation is limited as determined by student and teacher based on medical information.

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

<u>Skills and Motor Learning:</u>

<u>Cardiorespiratory Exertion</u> (check one)

☐ high intensity (running or sprinting with no restrictions on distance or time)

☐ moderate intensity (jogging for up to 20 minutes at a time, power walking, aerobic dancing, etc.)

☐ low intensity (walking, etc.)

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General Musculoskeletal Impact (check one)

- ☐ high impact (aerobic dancing, landing as in vaulting, landing as in the long jump, etc.)
- ☐ moderate impact (hopping, jumping, etc.)
- ☐ low impact (walking, standing, etc.)

Inversion (check one)

- ☐ skills requiring the student to be in an inverted position, bearing weight on head or neck (forward roll, headstand, etc.).
- ☐ skills requiring the student to be in an inverted position, without bearing weight on head or neck (cartwheel, handstand, etc.).
- ☐ student may not execute any skills requiring inversion.

Physical Contact (check one)

- ☐ activities in which physical contact is likely to occur (basketball, soccer, hockey, etc.)
- ☐ activities in which incidental physical contact may occur (structured drill situations, small group games, etc.)
- ☐ individual skill building activities in which physical contact is not likely to occur

Strength Training (check all that apply)

- ☐ weight lifting, lower body (weight machines, free weights)
- ☐ weight lifting, upper body (weight machines, free weights)
- ☐ light resistance, lower body (light free weights, resistance bands)
- ☐ light resistance, upper body (light free weights, resistance bands)
- ☐ pull-ups
- ☐ push-ups

Physician's Comments:

Physician's Name _____
Address _____
_____
Phone Number _____
Fax Number _____

PLEASE RETURN TO:

School, Staff Member _____
Address _____
_____
Phone Number _____
Fax Number _____

_____ _____
Physician's Signature Date