



# Physician's Referral for Participation in Physical Education

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. **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 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

**Functional Capacity** (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.**

**Skills and Motor Learning:**

**Cardiorespiratory Exertion** (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 _____

<b>PLEASE RETURN TO:</b>
School, Staff Member _____
Address _____
Phone Number _____
Fax Number _____

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date