

## Howard County Public School System Physical Education/Activity Assessment Form

ysician's Name:int Parent/Guardian Name: gnature of Parent/Guardian:  TO BE COMPLETED BY HEA  Medical Diagnosis/Injury:  Duration of the condition:Sh		
gnature of Parent/Guardian:  TO BE COMPLETED BY HEA  Medical Diagnosis/Injury:		
TO BE COMPLETED BY HEA  Medical Diagnosis/Injury:		
Medical Diagnosis/Injury:	LTH CARE PROVIDER:	
Medical Diagnosis/Injury:	LIH CARE PROVIDER:	
Duration of the condition:Sh		
	ort term Long term	Permanent
The condition is: Progressi	ve Non Progressive	
Student may return to unrestricted	activity by N	ext Exam is
Functional Capacity:		
Mild restriction (o  Moderate restriction Severe restriction of Restriction from o	utdoor physical education/acti	
DICATE (R) FOR RESTRICTED	OR (L) FOR LIMITED:	
Locomotor Skills such as run, wal	k, hop, skip, jump, gallop, lea	p, etc
Cardiovascular:	Flexibility:	Muscular Strength/Endurance:
Aerobic activity Jump rope	Upper body Lower body	Curl ups use of resistance bands/equipment
Bicycle	Back/Abdominal	Pull ups/Chin ups/push ups
Jog/run such as mile run	<del></del>	Use of weights/weight machines
Other	Other	Other

## INDICATE (R) FOR RESTRICTED OR (L) FOR LIMITED: INDICATE (R) FOR RESTRICTED OR (L) FOR LIMITED:

Dance Activities: Aerobic Other	Tumbling/Gymnastics:  Balance beam Climbing Rope Climbing apparatus Tumbling Inverted activities	
	Individualized Activities/Skills:	
ArcheryBowlingField HockeyGolfSoftball SkillsRacquetballVolleyballStriking moving objects	Badminton Basketball Skills Catching Cycling Swimming Table Tennis Handball Horseshoes Lacrosse Skills Paddleball Flag/touch football Hockey Track/field Kicking moving objects Striking stationary objects	Bouncing Fencing Frisbee Soccer Skills Pickleball Tennis Skills Throwing Other
INDICATE (R) FOR RESTE	RICTED OR (L) FOR LIMITED:	
Basketball Flag/touch football Soccer Track/field	Team Activities:  Cricket	Field hockeyLacrosseTeam handballOther
COMMENTS (any additional info May attach additional comments.	ormation that will assist in modifications for physical educa	ation/activity for this student).
Signature of Physician		e

C: PE teachers Health room staff 10920 Clarksville Pike • Ellicott City, MD 21042 • 410-313-6812