



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

Student: _____ DOB: _____ School: _____

Physician's Name: _____ Phone Number: _____

Print Parent/Guardian Name: _____

Signature of Parent/Guardian: _____

TO BE COMPLETED BY HEALTH CARE PROVIDER:

Medical Diagnosis/Injury: _____

Duration of the condition: ___ Short term ___ Long term ___ Permanent

The condition is: ___ Progressive ___ Non Progressive

Student may return to unrestricted activity by _____. Next Exam is _____

Functional Capacity:

___ Unrestricted (no restrictions on contact or intensity)

___ Mild restriction (only avoid vigorous activities)

___ Moderate restriction (limitation on sustained, strenuous activities)

___ Severe restriction (limitations are severe)

___ Restriction from outdoor physical education/activity (ie. Recess, class picnic, field day, etc)

Needs to use : ___ wheelchair ___ crutches ___ ace wrap ___ splint ___ other (ie, walker, scooter)

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

Locomotor Skills such as run, walk, hop, skip, jump, gallop, leap, etc. _____

Cardiovascular:

___ Aerobic activity

___ Jump rope

___ Bicycle

___ Jog/run such as mile run

___ Other _____

Flexibility:

___ Upper body

___ Lower body

___ Back/Abdominal

___ Other _____

Muscular Strength/Endurance:

___ Curl ups

___ use of resistance bands/equipment

___ Pull ups/Chin ups/push ups

___ Use of weights/weight machines

___ Other _____

**INDICATE (R) FOR RESTRICTED OR (L) FOR LIMITED:
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Dance Activities:

- Aerobic
 Other _____

Tumbling/Gymnastics:

- Balance beam
 Climbing Rope
 Climbing apparatus
 Tumbling
 Inverted activities

Individualized Activities/Skills:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Badminton | <input type="checkbox"/> Basketball Skills | <input type="checkbox"/> Bouncing |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Catching | <input type="checkbox"/> Cycling | <input type="checkbox"/> Fencing |
| <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Swimming | <input type="checkbox"/> Table Tennis | <input type="checkbox"/> Frisbee |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Handball | <input type="checkbox"/> Horseshoes | <input type="checkbox"/> Soccer Skills |
| <input type="checkbox"/> Softball Skills | <input type="checkbox"/> Lacrosse Skills | <input type="checkbox"/> Paddleball | <input type="checkbox"/> Pickleball |
| <input type="checkbox"/> Racquetball | <input type="checkbox"/> Flag/touch football | <input type="checkbox"/> Hockey | <input type="checkbox"/> Tennis Skills |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Track/field | <input type="checkbox"/> Kicking moving objects | <input type="checkbox"/> Throwing |
| <input type="checkbox"/> Striking moving objects | <input type="checkbox"/> Striking stationary objects | | <input type="checkbox"/> Other _____ |

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

Team Activities:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Cricket | <input type="checkbox"/> Fencing | <input type="checkbox"/> Field hockey |
| <input type="checkbox"/> Flag/touch football | <input type="checkbox"/> Floor/street hockey | <input type="checkbox"/> Ultimate Frisbee | <input type="checkbox"/> Lacrosse |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Softball | <input type="checkbox"/> Speedball | <input type="checkbox"/> Team handball |
| <input type="checkbox"/> Track/field | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Other _____ |

COMMENTS (any additional information that will assist in modifications for physical education/activity for this student).
May attach additional comments.

Signature of Physician

Date

C: PE teachers
Health room staff

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