

Instructions for the Physical Education Physician Contact Form –
MCPS Form # 345-22, Rev. 4/13

Physical education is required for all students in the state of Maryland. Teachers are equipped with a variety of instructional materials and strategies to accommodate students in their classes. The Physical Education Physician Contact Form is required for students who will miss more than five days of physical education class due to illness or injury. Failure to return the form can result in failure of the course and/or loss of the physical education credit.

Part I: The parent or guardian must fill out and sign this part of the contact form.

- Please include all important information on the student including name, address, home phone number, school, and date of birth.
- Please include the physician's name, address, and phone number.
- Please sign and date bottom of Part I. This authorizes the doctor to release this form to our office and the student's home school. This signature also permits our office to contact the doctor regarding any information submitted on the form.

Part II: The physician completes this part of the contact form which includes a medical diagnosis and description of the condition. The Functional Capacity section describes the degree and extent of accommodations that must be implemented in the student's adapted physical education plan.

Part III: The physician completes this part of the contact form. He/She is asked to pay particular attention to the areas focusing on Locomotor Skills, Fitness, Dance Activities, and Individual Skills. For example, Basketball Skills would involve Shooting, Dribbling and Passing. All skills can be modified to meet the individual needs of the student. The physician is asked to look through all of the other sections and check off any activities that would be appropriate for the student.

The physician is asked to include additional comments that we need to take into consideration when writing and implementing an adapted physical education plan for the student. He/She should use any additional paper attachments as needed.

The physician must sign and date the contact form.

The school principal must sign and date the contact form.

Once completed, please send a copy of the Physical Education Physician Contact Form to the Physical Education Department at the school and the ORIGINAL form to:

Cara Grant
Montgomery County Public Schools
850 Hungerford Drive, Room 253
Rockville, Maryland 20850

If you have any questions, please contact Cara Grant, supervisor of Health and Physical Education, via phone (301-279-3508). Thank you.