[Doctor's Full Name/Medical Practice Name]
[Medical License Number]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]
[Date]

To: [School Name/Physical Education Department]
Attn: [Principal or PE Teacher Name]

RE: Physical Education Medical Exemption for [Student Full Name]

To Whom It May Concern,

This letter is to certify that [Student Name], date of birth [DOB], is currently under my professional care. Due to a medical condition, it is my professional recommendation that this student be exempt from participating in Physical Education (PE) activities.

Duration of Exemption:
The student should be excused starting from [Start Date] until [End Date/Further Notice].

Nature of Restriction:
[ ] Full Exemption: Student cannot participate in any physical exertion.
[ ] Partial Exemption: Student may participate in light activities but must avoid [specific movements, e.g., running, contact sports, lifting].

Additional Comments/Instructions:
[Insert any specific medical requirements or accommodations here]

Please feel free to contact my office at [Phone Number] if you require any further information or clarification regarding this medical necessity.

Sincerely,

[Doctor's Signature]
[Doctor's Printed Name]
[Medical Stamp/Seal]