

Date: [Date]

To: [School Name / School Nurse / Administration]

Re: Physical Activity Clearance for [Student Name]

Date of Birth: [Student DOB]

To Whom It May Concern,

The above-named student is under my care for a [Left/Right] [Type of Injury]. They have been cleared to return to school while wearing an orthopedic walking boot.

Duration: The student is expected to wear the boot until [Date or Next Appointment].

Physical Restrictions:

- The student may bear [Full Weight / Partial Weight / No Weight] as tolerated.
- The student is restricted from PE classes, recess, and organized sports.
- The student should avoid running, jumping, and climbing stairs where possible.

Accommodations Requested:

- Permission to use an elevator if available.
- Extended time (5-10 minutes) for transitions between classrooms.
- The use of crutches or a knee scooter if necessary for long distances.
- Elevating the affected limb during seated classroom instruction if swelling occurs.

Please contact my office at [Phone Number] if you have any questions or require further documentation.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Clinic/Hospital Name]