

Date: [Insert Date]

To: [School Name] Administration and Physical Education Department

Re: Modified Physical Activity for [Student Name]

Dear Principal and Staff,

This letter is to inform you that [Student Name] is cleared to return to school on [Date] following a medical absence. However, based on medical evaluation, their participation in physical activities must be modified as follows:

**Diagnosis/Reason for Limitation:** [Brief Description]

**Duration of Restrictions:** From [Start Date] to [End Date/Next Review Date]

**Physical Activity Restrictions:**

- [Example: No contact sports]
- [Example: No running or jumping]
- [Example: Limit lifting to less than 5 lbs]
- [Example: Frequent rest breaks as needed]

**Allowed Activities:**

- [Example: Walking]
- [Example: Stretching]
- [Example: Stationary seated activities]

**Special Instructions:**

[Insert any specific signs of distress to watch for or medication requirements]

Please contact [Doctor Name] at [Phone Number] if you require further clarification regarding these medical limitations.

Sincerely,

[Physician Signature]

[Physician Name Printed]

[Clinic/Hospital Name]

Parent/Guardian Consent:

I agree with the modifications listed above.

[Parent Signature]