

[Date]
[Doctor's Name]
[Clinic/Hospital Name]
[Address]

To: [School Name / Principal Name]
Re: [Student Name]
Date of Birth: [Student DOB]

To whom it may concern,

[Student Name] underwent surgery on [Date of Surgery] and is currently under my care during their recovery. At this time, I am recommending a gradual return to school to ensure a safe and successful transition.

Proposed Return Schedule:

- **Phase 1 ([Date] to [Date]):** Half-days only (morning or afternoon sessions).
- **Phase 2 ([Date]):** Full-time attendance, pending tolerance.

Medical Restrictions and Accommodations:

- **Physical Activity:** No Physical Education (PE), sports, or strenuous play until [Date].
- **Mobility:** Student may require extra time to move between classrooms and should be allowed to leave class 5 minutes early to avoid crowded hallways.
- **Assistance:** Student may require assistance carrying heavy books or a backpack.
- **Rest:** Please allow the student access to the school nurse or a quiet area if they experience fatigue or pain.

I will re-evaluate [Student Name] on [Follow-up Appointment Date] to determine if these restrictions can be lifted. If you have any questions, please contact my office at [Phone Number].

Sincerely,

[Doctor's Signature]
[Doctor's Printed Name]
[Medical License Number]