Date: [Date]

To: [School Name / School Nurse / Administration]

RE: [Student Name]
Date of Birth: [Student Date of Birth]

To Whom It May Concern,

[Student Name] has been under my care for the following orthopedic injury: [Injury Description, e.g., Right Distal Radius Fracture].

The student is cleared to return to school on [Return Date] with the following status:

1. Physical Activity Restrictions:
[ ] No Physical Education (PE) classes or organized sports until [Date].
[ ] Limited participation in PE: [Specific allowed activities].
[ ] No contact sports.
[ ] Full clearance with no restrictions.

2. Assistive Devices / Equipment:
[ ] Student must wear a [Cast / Splint / Brace / Sling] at all times.
[ ] Student requires use of [Crutches / Wheelchair / Walker] while on campus.
[ ] Student requires an elevator pass.

3. Accommodations:
[ ] Extra time for passing between classes.
[ ] Scribe or laptop for written assignments (due to injury to dominant hand).
[ ] Second set of textbooks for home use to avoid heavy lifting.

4. Follow-up:
The student is scheduled for a follow-up evaluation on [Follow-up Date]. An updated clearance letter will be provided at that time.

If you have any questions, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO/PA]
[Clinic/Hospital Name]
[Contact Information]