Date: [Date]

To: [School Name] Administration / School Nurse
Re: Medical Clearance for [Student Name]
Date of Birth: [Student DOB]

To Whom It May Concern,

[Student Name] has been under my care for the treatment of a [Location of Fracture, e.g., Right Distal Radius] fracture sustained on [Date of Injury].

I am pleased to inform you that [Student Name] is medically cleared to return to school effective [Return Date]. Please note the following status and requirements regarding their recovery:

- **Equipment:** The student is required to wear a [Cast/Splint/Sling/Brace] at all times while on school grounds.
- **Physical Activity:** The student is strictly prohibited from participating in PE classes, contact sports, or strenuous recess activities until [Date of Next Review].
- **Mobility Support:** [e.g., Student may require 5 minutes early transition between classes or assistance carrying books].
- **Writing/Testing:** [e.g., Student may require extra time for written assignments or use of a laptop if the dominant hand is affected].

We anticipate a full recovery, and I will re-evaluate the student on [Follow-up Appointment Date] to update these restrictions.

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

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[Clinic/Hospital Name]