Date: [Date]

To: [School Name] Administration and Faculty

Subject: Mobility Accommodations for [Student Name]

Dear School Officials,

This letter is to inform you that [Student Name] is currently under my care for a lower extremity injury involving the [Left/Right] [Ankle/Knee/Leg/Foot]. Due to this injury, the student has significant mobility limitations that require the following accommodations to ensure safety and continued academic participation:

- **Mobility Aids:** The student is required to use [Crutches/Wheelchair/Knee Scooter/Walking Boot] while on campus.
- **Passing Periods:** Permission to leave class 5-10 minutes early to avoid crowded hallways and reach the next classroom safely.
- **Elevator Access:** Full access to school elevators for the duration of the recovery period.
- **Physical Education:** Total exemption from PE and strenuous physical activity until [Date or Next Evaluation].
- **Seating:** Preferred seating to allow the student to keep the affected limb elevated as needed.
- **Assistance:** Permission for a "buddy" or peer assistant to help carry books or bags between classes.

These accommodations should remain in effect until [Expected End Date] or until further medical clearance is provided.

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

Sincerely,

[Doctor Name/Signature]
[Medical Practice Name]
[Contact Information]