Date: [Date]
Patient Name: [Patient Full Name]
Date of Birth: [Date of Birth]
Date of Surgery: [Date of Surgery]

To Whom It May Concern,

The above-named patient is currently under the care of [Clinic Name] following a recent surgical procedure. Please update the student's records to include the following medical requirements for their return to school.

Return to School Date: [Date]

Activity Restrictions:

- **Stair Restriction:** The patient is restricted from using stairs until [End Date/Further Notice]. Please allow the use of the school elevator or provide an alternative route that does not involve stairs.
- **Physical Education:** No gym class, contact sports, or strenuous recess activities.
- **Weight Bearing:** No lifting more than [Number] pounds.

Additional Accommodations:

- Allow the student to leave class 5 minutes early to avoid crowded hallways.
- Allow the student to keep a water bottle at their desk.
- [Insert any other specific instructions here].

These restrictions are currently in effect until [Date of Follow-up Appointment]. We will provide an updated status report following that visit.

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

Sincerely,

[Doctor's Signature]
[Doctor's Printed Name]
[Clinic Name]