Date: [Insert Date]

To: [School Name] Administration and Teaching Staff

Subject: Post-Surgery Recovery Guidelines and Stair Exemption for [Student Name]

To whom it may concern,

This letter is to certify that my patient, **[Student Name]** (DOB: [Date of Birth]), underwent surgery on [Date of Surgery] and is currently under my medical care during their recovery period.

To ensure a safe recovery and prevent post-operative complications, please implement the following restrictions and accommodations effective from [Start Date] until [End Date/Next Evaluation Date]:

- **Stair Exemption:** The student is strictly prohibited from using stairs. Please provide access to the school elevator or relocate classes to the ground floor.
- **Physical Activity:** The student is excused from Physical Education (PE) and all strenuous extracurricular activities.
- **Mobility Assistance:** The student may require extra time between class transitions to navigate hallways safely.
- **Weight Limits:** The student should not lift or carry objects heavier than [Number] pounds (e.g., heavy backpacks).

If there are any emergencies or if the student reports increased pain or dizziness, please contact [Parent/Guardian Name] at [Phone Number] immediately.

Thank you for your cooperation in supporting the student's recovery.

Sincerely,

[Doctor's Signature]
[Doctor's Printed Name]
[Medical Practice/Clinic Name]
[Phone Number]