

**Date:** [Insert Date]

**To:** [School Name / Principal Name]

**Patient Name:** [Student Name]

**Date of Birth:** [Student DOB]

To Whom It May Concern,

[Student Name] has been under my care for the treatment of a [Type of Fracture, e.g., fractured right radius]. I am pleased to inform you that they are now medically cleared to return to school effective [Date of Return].

**Activity Restrictions and Accommodations:**

- **Physical Education:** [e.g., No PE or contact sports until Date]
- **Recess:** [e.g., Limited activity / indoor recess only]
- **Mobility Aids:** [e.g., Student uses crutches / arm sling]
- **Classroom Support:** [e.g., Extra time for written assignments / use of a laptop]
- **Lifting:** [e.g., Do not lift more than 2 lbs with affected limb]

These restrictions should remain in place until [Follow-up Date or "Until Further Notice"].

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

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Medical Clinic Name]