

[Date]

[Physician Name]

[Clinic/Hospital Name]

[Address]

[Phone Number]

To: [School Name / Physical Education Department]

Attention: [Principal or PE Instructor Name]

RE: Physical Education Waiver for [Student Name]

To whom it may concern,

I am writing to provide a formal medical recommendation regarding [Student Name], born on [Date of Birth], who is currently under my care for an orthopedic disability.

Due to [Student's Condition/Diagnosis], the student has significant physical limitations that affect their ability to participate in the standard Physical Education (PE) curriculum. Specifically, the student must avoid the following activities:

- [List restriction, e.g., High-impact movements]
- [List restriction, e.g., Running or jumping]
- [List restriction, e.g., Weight bearing on specific limb]

Based on these clinical findings, I recommend that [Student Name] be granted:

☐ A full waiver from Physical Education for the [Year/Semester] term.

☐ A partial waiver with participation limited to modified/adaptive activities.

☐ Substitution of PE with a health-based theory course.

This medical restriction is effective from [Start Date] through [End Date/Permanent].

If you require further information or wish to discuss specific accommodations for an Adaptive PE program, please contact my office.

Sincerely,

[Physician Signature]

[Physician Name, Title]

[Medical License Number]