

[Physician Name/Medical Practice Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Date]

To: [School Name/District Office]
Attn: [Registrar or Physical Education Department]
[Address]
[City, State, Zip Code]

RE: Permanent Medical Exemption from Physical Education

Student Name: [Student Full Name]
Date of Birth: [Student DOB]

To Whom It May Concern,

I am the primary healthcare provider for [Student Name]. This letter serves as formal medical notification that the student has been diagnosed with a permanent physical disability that prevents safe participation in the standard Physical Education (PE) curriculum.

Due to the nature of this permanent condition, [Student Name] is medically restricted from the following:

- [List specific restrictions, e.g., High-impact activities]
- [List specific restrictions, e.g., Cardiovascular exertion]
- [List specific restrictions, e.g., Contact sports]

I am requesting a **permanent and full exemption** from all physical activity requirements for the remainder of the student's academic tenure. In lieu of physical participation, I recommend that the student be permitted to fulfill any necessary credits through:

- [Option: Academic health assignments]
- [Option: Adaptive PE (if specifically indicated)]
- [Option: Written coursework]

If you require additional medical documentation or have specific forms for the district, please contact my office directly.

Sincerely,

[Signature of Physician]
[Printed Name of Physician]
[Medical License Number]
[Office Stamp]