

Date: [Date]

To: [Physical Education Teacher Name / School Administration]

Student Name: [Student Full Name]

Date of Birth: [DOB]

Grade/Class: [Grade Level]

Subject: Physical Education Medical Restriction

To Whom It May Concern,

This letter is to certify that [Student Name] is currently under my care for a sports-related injury:
[Brief Description of Injury, e.g., Sprained Right Ankle].

Due to this injury, the student is subject to the following restrictions:

- **Full Restriction:** No participation in any physical education activities.
- **Partial Restriction:** May participate in light activity only (e.g., walking, stationary stretching).
- **Specific Prohibitions:** No running, jumping, contact sports, or weight-bearing on the affected limb.

Effective Dates:

These restrictions are effective from [Start Date] until [End Date/Follow-up Appointment Date].

Adaptive PE:

The student [is / is not] cleared to participate in written assignments or non-physical leadership roles during class time to maintain academic credit.

Please feel free to contact my office at [Phone Number] if you require further clarification.

Sincerely,

[Doctor/Provider Signature]

[Doctor/Provider Printed Name]

[Medical Facility/Clinic Name]