

Date: [Insert Date]

To: [Name of Physical Education Teacher/Department]

School: [Name of School]

RE: Physical Education Modification for [Student Name]

To whom it may concern,

This letter is to inform you that my patient, [Student Name], born on [Student Date of Birth], is currently under my care for a chronic medical condition: [Name of Condition/Diagnosis].

Due to the nature of this chronic illness, the student has the following physical limitations:

- [List limitation, e.g., limited cardiovascular endurance]
- [List limitation, e.g., joint pain and restricted mobility]
- [List limitation, e.g., fatigue or exercise-induced flare-ups]

Based on these medical needs, I am requesting the following accommodations for Physical Education:

- [Accommodation, e.g., Exemption from high-impact running]
- [Accommodation, e.g., Allowing self-paced participation and rest breaks]
- [Accommodation, e.g., Alternative written assignments in lieu of physical testing]
- [Accommodation, e.g., Access to water and climate-controlled environments]

These restrictions are effective from [Start Date] and are expected to last [Duration/Permanent].

If you require further medical documentation or have questions regarding these restrictions, please contact my office at [Phone Number].

Sincerely,

[Doctor Signature]

[Doctor Name, Title]

[Medical Facility Name]

[License Number]