

[Date]

[Doctor's Name/Medical Practice]

[Clinic Address]

[City, State, Zip Code]

[Phone Number]

To: [School Name / Physical Education Department]

Re: [Student Name]

Date of Birth: [Student DOB]

Dear School Administration and PE Faculty,

This letter is to certify that [Student Name] is currently under my care for a diagnosed neurological condition. Due to the nature of this medical condition, it is my professional recommendation that the student be granted an exemption from Physical Education requirements.

Exemption Status:

☐ Full Exemption (No physical activity permitted)

☐ Partial Exemption (Specific limitations apply)

Duration:

This exemption is effective from [Start Date] until [End Date/End of School Year].

Specific Restrictions (if applicable):

[List specific triggers to avoid, such as contact sports, overexertion, flashing lights, or loud environments].

Emergency Instructions:

In the event of [Specific Symptom/Event], please follow the attached emergency protocol and contact [Emergency Contact Name] immediately.

Please ensure this information is kept confidential and shared only with relevant staff members. If you have any questions regarding these medical requirements, please contact my office.

Sincerely,

[Doctor's Signature]

[Doctor's Printed Name]

[Medical License Number]