

Date: [Date]

To: [School Name / Physical Education Department]

Subject: Postoperative Physical Education Medical Excuse

Student Name: [Student Full Name]

Date of Birth: [Student DOB]

To whom it may concern,

This letter is to inform you that [Student Name] recently underwent a surgical procedure on [Date of Surgery]. Due to the nature of this surgery and the required recovery period, the student is medically restricted from participating in physical education classes.

Activity Restrictions:

- No strenuous physical activity or exercise.
- No contact sports or gym activities.
- No heavy lifting (more than [Number] pounds).
- [Additional Specific Restriction]

Duration of Excuse:

These restrictions are effective from [Start Date] until [End Date/Next Evaluation Date]. We will provide an updated release form once the student is cleared to return to full activity.

During this period, please allow the student to complete alternative written assignments or observe the class to meet academic requirements.

If you have any questions regarding these limitations, please contact my office at [Phone Number].

Sincerely,

[Doctor Signature]

[Doctor Name, MD/DO]

[Medical Facility Name]

[License Number]