

Student Name: _____

Dear Doctor,

Please complete this form so that appropriate accommodations may be instituted at school for this student. If a student is unable to participate in PE **fully** they are assigned to a study hall or a related arts class.

No PE until further notice

No PE until: _____

May participate in PE without restrictions

Use crutches in school

Extra set of books

Pass 5 minutes early for class and lunch

Special transportation needed

Writing accommodations needed

This student was absent from school on the following dates because of the above medical problem

_____.

Signature: _____ Date _____