

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 \_\_\_\_\_