

**DISABILITY STATEMENT**

Dated: \_\_\_\_\_

This is to certify that \_\_\_\_\_ is restricted from

\_\_\_\_\_ work \_\_\_\_\_ school, \_\_\_\_\_ PE duties until \_\_\_\_\_

Restrictions:

Remarks:

Dated: \_\_\_\_\_

Dr. \_\_\_\_\_  
(Signature)