

Date: xx/xx/xxxx

Dear PE Instructor,

Please excuse *** from vigorous PE activities such as *** or other cardiovascular/heart pumping activities for *** (how long). If ***'s medical condition improves to the point that engagement in these activities is determined to be medically safe, I will provide a new letter noting that *** is now safe to participate in these activities. *** has recently been diagnosed with Anorexia Nervosa (ICD code: F 50.01) which is diagnosis that limits ***'s ability to engage in the above restricted PE activities given the potential risks this poses to ***'s health. Anorexia Nervosa has the highest mortality rate of all psychological illnesses, which is in part due to the effects it has on the cardiovascular system (1). As her clinician and member of her eating disorder treatment team, I am specifically trained in supervising the nutritional status of my patients with eating disorders. The requested accommodation is critically important for ***'s health. Thus, this diagnosis protects her under Americans with Disabilities Act (ADA) Section 504. This provides *** with the legal right to be granted reasonable accommodations to substitute her engagement in running, which would include the accommodations of *** for full PE credit.

Although *** will be not participating in the above type of physical exercises, *** should be able to study or perform any non-vigorous physical task you require for PE credit. Please provide *** with full points for fulfilling these alternate activities as *** would be given if *** was running or engaging in vigorous physical activities, given that this limitation is related to a diagnosed medical condition. If you have any questions, please do not hesitate to contact me. You can reach me at (xxx) xxx-xxxx (Ext.) or at the email address ***.

Reference:

1. Winston, A. P., & Stafford, P. J. (2000). Cardiovascular effects of anorexia nervosa. *European eating disorders review*, 8(2), 117-125.

Helpful Resource for PE educators and coaches of students with eating disorders:

<https://www.nationaleatingdisorders.org/sites/default/files/Toolkits/CoachandTrainerToolkit.pdf>

Best,

Name and credentials of provider

Provider Signature

Office address and phone