Date: [Insert Date]

To: [Recipient Name/Organization Name]

Subject: Medical Clearance for Return to [Work/School/Activities]

To Whom It May Concern,

This letter is to certify that my patient, **[Patient Full Name]** (Date of Birth: [DOB]), has been under my medical care for a contagious illness starting on [Start Date of Illness].

As of [Date of Examination], I have evaluated the patient and confirmed that they have met the clinical criteria for recovery. The patient is no longer considered contagious and is medically cleared to return to [Work/School/Full Duties] effective **[Return Date]**.

The patient may resume all normal activities without restrictions.

If you require any further information or clarification, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[Clinic/Medical Facility Name]
[Clinic Address]