

Date: [Insert Date]

To: [Recipient Name/Employer/School Name]

Re: Medical Clearance for [Patient Name]

Dear [Name of Contact Person],

This letter is to certify that [Patient Name] was under my medical care for a gastrointestinal illness starting on [Start Date].

As of [Current Date], the patient has been clinically evaluated and is now symptom-free. They are no longer considered contagious and are medically cleared to return to [work/school/childcare] without restrictions.

The patient may resume regular duties and activities effective [Return Date].

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

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Clinic/Facility Name]

[Address]

[City, State, Zip Code]