

Date: [Date]

To: School Administration / Health Office

Re: [Student Name]

Date of Birth: [Date of Birth]

To whom it may concern,

This letter is to certify that the student named above was seen at our clinic on [Date of Visit] and was diagnosed with Respiratory Syncytial Virus (RSV).

The student has been evaluated and is now cleared to return to school and school-related activities on [**Return Date**], as they meet the following criteria:

- The student has been fever-free for at least 24 hours without the use of fever-reducing medication.
- Respiratory symptoms (cough/congestion) have significantly improved.
- The student is well enough to participate in normal school activities.

If you have any questions or require further information, please contact our office at [Phone Number].

Sincerely,

[Physician/Provider Signature]

[Physician/Provider Name, Title]

[Clinic/Practice Name]

[Clinic Address]