

Date: [Date]

To: School Administration / School Nurse

Re: Return to School Medical Clearance

Student Name: [Student Full Name]

Date of Birth: [Date of Birth]

To Whom It May Concern,

[Student Name] was seen in my office on [Date of Visit] for symptoms related to a gastrointestinal virus (stomach flu).

I am clearing the student to return to school and all school-related activities on **[Return Date]**.

The student has met the following health requirements for return:

- No episodes of vomiting for at least 24 hours.
- No episodes of diarrhea for at least 24 hours.
- Fever-free for at least 24 hours without the use of fever-reducing medication.

Please allow the student to have frequent access to water and excused restroom breaks as needed during the first few days back.

If you have any questions, please contact my office at [Phone Number].

Sincerely,

[Doctor Name/Signature]

[Medical Office Name]

[Office Stamp/License Number]