

Date: [Insert Date]

To: [School/Childcare Name] Administration

Re: Medical Clearance for [Student Name]

To Whom It May Concern,

This letter is to certify that [Student Name], Date of Birth: [DOB], was diagnosed with Hand, Foot, and Mouth Disease (HFMD) on [Date of Diagnosis].

The student has been evaluated and meets the following criteria for return to school:

- The student has been fever-free for at least 24 hours without the use of fever-reducing medication.
- All blisters/sores in the mouth have healed or the student is no longer drooling excessively.
- Skin lesions are dry, crusted, or healing, and no new lesions have appeared in the last 24 hours.
- The student is well enough to participate in normal school activities.

In my professional medical opinion, [Student Name] is no longer in the highly contagious stage and is cleared to return to school/childcare on [Return Date].

Sincerely,

[Doctor Signature]

[Doctor Name, Credentials]

[Clinic Name]

[Phone Number]