

Date: [Insert Date]

To: [School Name / Principal Name]

Subject: Medical Clearance for Return to School

To Whom It May Concern,

This letter is to certify that **[Student Name]** (Date of Birth: [Student DOB]) was under my care for a diagnosis of Varicella (Chickenpox) starting on [Date of Diagnosis].

I have examined the student today and can confirm that:

- The student has been fever-free for over 24 hours without the use of fever-reducing medication.
- All chickenpox lesions have completely dried and formed firm scabs (crusts).
- The student is no longer considered contagious.

Therefore, **[Student Name]** is medically cleared to return to school and resume all regular activities, including physical education, effective **[Return Date]**.

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

Sincerely,

[Doctor's Signature]

[Doctor's Name, MD/DO]

[Clinic/Hospital Name]

[Medical License Number]