

Date: [Date]

To: [School Name / School Nurse]

Subject: Medical Clearance for Return to School

To Whom It May Concern,

This letter is to certify that my patient, **[Student Name]**, (Date of Birth: [DOB]), was evaluated on [Date of Evaluation] for symptoms of an upper respiratory virus.

The student has met the following criteria for return to school:

- They have been fever-free for at least 24 hours without the use of fever-reducing medication.
- Respiratory symptoms (cough, shortness of breath, or sore throat) have significantly improved.
- They are physically well enough to participate in normal school activities.

[Student Name] is cleared to return to school on **[Return Date]**.

Special Instructions/Restrictions: [None or specify, e.g., excused from PE for 2 days]

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

Sincerely,

[Doctor/Provider Signature]

[Doctor/Provider Printed Name]

[Medical Clinic/Office Name]