

[Urgent Care Clinic Name]
[Clinic Address]
[Clinic Phone Number]

Date: [Date of Issue]

To: [School Name / To Whom It May Concern]

RE: [Patient Name]

Date of Birth: [Patient Date of Birth]

To Whom It May Concern,

The above-named patient was evaluated at our facility on [Date of Evaluation] for symptoms of a viral illness.

Based on our clinical assessment, the patient is cleared to return to school and all school-related activities on **[Return Date]**, provided they meet the following criteria:

- The patient has been fever-free for at least 24 hours without the use of fever-reducing medications.
- Symptoms have significantly improved.

Please contact our office at [Clinic Phone Number] if you have any questions regarding this clearance.

Sincerely,

[Provider Name/Signature]
[Provider Title: MD, DO, NP, PA]
[Clinic Stamp/License Number]