

Date: [Date]

To Whom It May Concern,

Patient Name: [Patient Full Name]

Date of Birth: [Date of Birth]

This letter is to certify that the above-named patient has been under my medical care for a recent illness starting on [Start Date].

After a follow-up evaluation, I have determined that the patient is now medically cleared to resume all normal activities, including [Work / School / Sports], without any restrictions.

The patient is no longer considered contagious and is fit to return to their regular schedule effective [Return Date].

Should you require any further information or clarification, please feel free to contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Clinic/Hospital Name]

[Contact Information]