

Date: [Insert Date]

To: [School Name / School Administration]

Subject: Medical Clearance for Return to School

To Whom It May Concern,

This letter is to certify that my patient, **[Student Name]**, (DOB: [Student Date of Birth]), was diagnosed with Influenza on [Date of Diagnosis].

The student has been under my medical care and has completed the necessary isolation period. As of [Date of Examination/Clearance], the student has been fever-free for more than 24 hours without the use of fever-reducing medications, and their symptoms have significantly improved.

I have determined that [Student Name] is no longer contagious and is medically cleared to return to school and resume all academic and extracurricular activities effective **[Return Date]**.

Please contact my office at [Phone Number] if you require any further information.

Sincerely,

[Doctor's Signature]

[Doctor's Printed Name]

[Clinic/Medical Practice Name]

[Medical License Number]