

**Date:** [Date]

**To:** [School/Daycare Name]

**Attention:** School Administration / School Nurse

**RE:** Medical Clearance for [Student Name]

Dear [Name of Contact or "School Staff"],

This letter is to certify that [Student Name], date of birth [DOB], was evaluated by me on [Date of Examination] for Hand, Foot, and Mouth Disease (HFMD).

I have determined that the student is no longer contagious and is medically cleared to return to school and all related activities effective [Return Date].

This clearance is based on the following clinical observations:

- The student has been fever-free for at least 24 hours without the use of fever-reducing medication.
- All mouth sores have healed or do not interfere with the student's ability to eat and drink.
- Skin lesions on the hands, feet, and body are dry and scabbing, with no open or weeping blisters.

If you have any further questions regarding this student's health status, please contact my office at [Phone Number].

Sincerely,

[Doctor Signature]

[Doctor Name, Title]

[Clinic/Medical Facility Name]

[Clinic Address]