

Date: [Date]

To: [School Name/Administrator Name]

Re: Medical Clearance for [Student Name]

Date of Birth: [Date of Birth]

To Whom It May Concern,

This letter is to certify that [Student Name] has been under my medical care for a Pertussis (Whooping Cough) infection.

The student has completed the required course of antibiotics, specifically [Name of Medication], finishing the full 5-day duration of treatment as of [Date].

In accordance with public health guidelines, [Student Name] is no longer considered contagious and is medically cleared to return to school and all school-related activities effective [Return Date].

If you have any questions or require further information, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Clinic/Hospital Name]

[Phone Number]

[Official Stamp/Seal]