

Date: [Date]

To: [School Name / School Nurse]

Subject: Medical Clearance for Return to School

Student Name: [Student Full Name]

Date of Birth: [Date of Birth]

To Whom It May Concern,

This letter is to certify that the student named above has been evaluated for a fungal skin infection (ringworm).

The student has started appropriate antifungal treatment as of [Start Date]. According to medical guidelines, the student is no longer considered contagious and is cleared to return to school and all school-related activities effective [Return Date].

Instructions for School:

- The affected area should remain covered with clothing or a bandage while at school until the lesion has completely healed.
- The student may participate in physical education and sports, provided the site is covered.

If you have any questions, please contact our office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Clinic/Practice Name]

[Clinic Address]