

Date: [Date]

To: [School Name / School Nurse / Administration]

Re: Medical Clearance for [Student Name]

Date of Birth: [Student Date of Birth]

To Whom It May Concern,

This letter is to certify that [Student Name] has been under my medical care for a diagnosed infectious condition from [Start Date] to [End Date].

Following a clinical evaluation, I am happy to report that the student is no longer contagious and is medically cleared to return to school and all related activities effective [Return Date].

The student meets the following health requirements for return:

- The student has been fever-free for at least 24 hours without the use of fever-reducing medication.
- Symptoms have significantly improved.
- The student has completed the required isolation period per health department guidelines.
- [Optional: Any specific restrictions or accommodations needed].

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

Sincerely,

[Physician Signature]

[Physician Name, MD/DO/NP/PA]

[Clinic/Hospital Name]

[Office Stamp/License Number]