Date: [Date]

To: [School Name / Principal / School Nurse]

Re: Return to School Clearance

Student Name: [Student Full Name]
Date of Birth: [Student Date of Birth]

To Whom It May Concern,

This letter is to certify that [Student Name] was under my medical care from [Start Date] to [End Date]. The student has been medically cleared to return to school effective [Return Date].

Activity Status:

- [ ] Full participation in all school activities, including Physical Education (PE) and sports.
- [ ] Participation with the following restrictions: [List restrictions or "None"].

Accommodations / Special Instructions:

[List any specific needs, such as extra time for assignments, scheduled breaks, or medication administration requirements, or write "N/A"].

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

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[Facility/Clinic Name]
[Contact Information]