Date: [Date]

To: [School Name / School Nurse]
Re: [Student Name]
Date of Birth: [Student DOB]

To Whom It May Concern,

[Student Name] was recently hospitalized from [Admission Date] to [Discharge Date] for cardiac observation. The student is now medically cleared to return to school on [Return Date].

Please note the following instructions for the student's return:

Physical Activity Restrictions:
[ ] Full clearance for all activities, including PE and sports.
[ ] No physical education or strenuous exercise until [Date].
[ ] Limited activity: [Specify, e.g., walking only, no contact sports].

Medications:
[ ] No medications required during school hours.
[ ] The following medications must be administered at school: [List Medications/Dosage].

Special Accommodations:
[ ] Allow frequent water breaks.
[ ] Allow elevator access if applicable.
[ ] Allow rest breaks if the student reports fatigue or chest pain.
[ ] Other: [Specify any other needs].

Emergency Contact:
In the event of chest pain, shortness of breath, dizziness, or fainting, please contact the parents immediately and seek emergency medical care if necessary.

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

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[Clinic/Hospital Name]