

Date: [Date]

To: [School Name / School Administrator]

Re: [Student Name]

Date of Birth: [Student DOB]

To Whom It May Concern,

I am writing to provide formal medical clearance for [Student Name] to return to school effective [Return Date].

The student has undergone a comprehensive mental health evaluation following their recent crisis and absence. Based on my clinical assessment, I have determined that the student is no longer a danger to themselves or others and is psychologically stable enough to resume all academic and social activities.

This is a **full and unrestricted clearance**. The student is cleared to participate in:

- Regular classroom instruction
- Physical education and sports
- Extracurricular activities and clubs
- Standard testing and examinations

No specific academic accommodations or physical restrictions are required at this time. The student is prepared to resume their normal school schedule in its entirety.

Should you have any questions regarding this clearance, please contact my office at [Phone Number].

Sincerely,

[Provider Signature]

[Provider Name, Credentials]

[Facility/Clinic Name]

[License Number]