

**Date:** [Insert Date]

**To:** [School Name / School Nurse]

**Re:** Health Clearance for [Student Name]

To Whom It May Concern,

This letter is to certify that [Student Name], Date of Birth: [Student DOB], was under my care for a diagnosis of viral gastroenteritis starting on [Date].

The student has now met the following clinical criteria for returning to school:

- At least 24 hours have passed since the last episode of vomiting.
- At least 24 hours have passed since the last episode of diarrhea.
- The student has been fever-free for at least 24 hours without the use of fever-reducing medication.

Based on my evaluation, [Student Name] is no longer considered contagious and is medically cleared to return to school and all regular activities on [Return Date].

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

Sincerely,

[Healthcare Provider Name/Signature]

[Medical Title/Credentials]

[Clinic/Practice Name]