

**Date:** [Date]

**To:** [School Name / To Whom It May Concern]

**RE:** [Student Name]

**Date of Birth:** [Student DOB]

Dear School Administration,

This letter is to certify that [Student Name] was under my care for a viral gastrointestinal illness (stomach virus) beginning on [Start Date].

The student has been symptom-free, including no fever, vomiting, or diarrhea, for at least 24 hours without the use of medication. They are no longer considered contagious and are medically cleared to return to school and all related activities on [Return Date].

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

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Clinic/Practice Name]

[Phone Number]