

Date: [Date]

To: [School Name / School Administrator]

Subject: Medical Clearance for [Student Name]

To Whom It May Concern,

This letter is to certify that [Student Name], Date of Birth: [DOB], has been under my medical care for a gastrointestinal illness since [Start Date].

The student has now recovered and is no longer symptomatic. It is my professional opinion that [Student Name] is medically cleared to return to school and resume all regular activities, including physical education, effective [Return Date].

I confirm that the student is no longer contagious and meets the school's health requirements for returning after a gastrointestinal illness (e.g., being fever-free and without vomiting/diarrhea for at least 24 hours without medication).

Special Instructions:

[Insert any dietary restrictions or "None"]

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

Sincerely,

[Doctor's Signature]

[Doctor's Printed Name]

[Medical Clinic/Hospital Name]

[Clinic Stamp/License Number]