

Date: [Date]

To: [School Name / School Nurse]

Re: [Student Name]

To Whom It May Concern,

This letter is to inform you that [Student Name] was evaluated at our clinic on [Date of Visit] for symptoms of a sore throat.

A Strep Throat test was performed, and the result was **Negative**.

The student is no longer experiencing a fever and is medically cleared to return to school and participate in all activities on [Return Date].

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

Sincerely,

[Provider Name/Signature]  
[Clinic/Medical Office Name]