

Date: [Date]

To: [School Name / Administrator Name]

Subject: Medical Clearance for Return to School

To Whom It May Concern,

This letter is to certify that my patient, **[Student Name]**, (DOB: [Date of Birth]), was evaluated and treated for bacterial conjunctivitis (pink eye).

The student has received appropriate antibiotic treatment for at least 24 hours and no longer presents a significant risk of transmission to others. All active symptoms, including eye discharge and redness, have significantly improved.

[Student Name] is medically cleared to return to school and resume all normal activities, including physical education and sports, effective **[Return Date]**.

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

Sincerely,

[Doctor Signature]

[Doctor Name, Credentials]

[Clinic/Practice Name]

[Clinic Address]