

Date: [Date]

To: [School Name/Administrator Name]

Re: Return to School Medical Clearance

Student Name: [Student Name]

Date of Birth: [DOB]

To whom it may concern,

The above-named student was evaluated on [Date of Initial Evaluation] and diagnosed with viral conjunctivitis (pink eye).

The student has now met the necessary criteria to return to school. The active infection has resolved, and the student no longer presents with eye discharge or significant redness. In accordance with standard health guidelines, they are no longer considered contagious.

The student may return to all school activities, including classroom learning and physical education, effective [Return Date].

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

Sincerely,

[Physician Signature]

[Physician Printed Name]

[Clinic/Medical Practice Name]