

**Date:** [Date]

**To:** School Administration / School Nurse

**School Name:** [School Name]

**RE:** Medical Clearance for [Student Name]

**Date of Birth:** [Date of Birth]

To Whom It May Concern,

This letter is to certify that [Student Name] was evaluated by our office on [Date of Visit] and was diagnosed with conjunctivitis (pink eye).

The patient has been prescribed [Name of Medication, if applicable] and has completed the required initial [24/48] hours of treatment. The patient is no longer considered contagious and is medically cleared to return to school and all school-related activities on [Return Date].

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

Sincerely,

[Doctor Signature]

[Doctor Name, Title]

[Clinic/Practice Name]

[Clinic Stamp]