

Date: [Insert Date]

To: [School Name/Administrator Name]

Subject: Medical Clearance for [Student Name]

To Whom It May Concern,

This letter is to certify that I have examined [Student Name], Date of Birth: [Student DOB], on [Date of Examination].

The student has been diagnosed with non-infectious conjunctivitis, specifically [Allergic / Chemical / Irritant] conjunctivitis. This condition is **not contagious** and cannot be spread to other students or staff members.

The student is medically cleared to return to school and participate in all regular activities, including physical education, effective [Return Date].

No special precautions are required, though the student may use lubricating eye drops as needed during school hours.

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

Sincerely,

[Physician Signature]

[Physician Printed Name]

[Medical Practice Name/Clinic Stamp]