

Date: [Date]

To: [School Name / School Nurse]

RE: Return to School Medical Clearance

Student Name: [Student Full Name]

Date of Birth: [Date of Birth]

To Whom It May Concern,

This letter is to certify that I have examined the student named above and have diagnosed them with conjunctivitis (pink eye).

The student has been treated and may return to school on **[Return Date]** because they meet the following criteria:

- They have completed at least 24 hours of antibiotic eye drops (if bacterial).
- They no longer have active discharge or matted eyes.
- They are fever-free without the use of medication.

The student has been instructed to practice frequent handwashing and avoid touching or rubbing their eyes to prevent the spread of infection.

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

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Clinic/Practice Name]

[Clinic Address]