

Date: [Insert 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], was diagnosed with conjunctivitis (pink eye).

The student has been prescribed antibiotic treatment and has successfully completed the required [Number of hours, e.g., 24] hour period of medication as per school health guidelines.

The student is no longer considered contagious and is medically cleared to return to school and participate in all regular activities effective [Return Date].

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

Sincerely,

[Doctor Signature]

[Doctor Printed Name]

[Medical Clinic/Practice Name]