

Date: [Date]

To: [School Name/Administration]

RE: [Student Name]

Date of Birth: [Student Date of Birth]

To Whom It May Concern,

This letter is to certify that the student named above was evaluated at [Clinic Name] on [Date of Examination] for symptoms of conjunctivitis (pink eye).

The student has been treated and is no longer considered contagious. It is medically safe for the student to return to school and resume all normal activities on **[Return Date]**.

Please contact our office at [Clinic Phone Number] if you have any further questions.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Clinic Name]

[Clinic Address]