

[Physician Name/Clinic Name]
[Address]
[City, State, Zip Code]
[Phone Number]

[Date]

To: [Name of School/Administrator]

RE: Ophthalmic Infection Resolution and School Re-Entry

Patient Name: [Student Name]
Date of Birth: [Student DOB]

To whom it may concern,

This letter is to certify that I have evaluated the above-named student for an ophthalmic infection (conjunctivitis).

The student has undergone the necessary medical evaluation and treatment. As of [Date], the infection has resolved, and the student is no longer considered contagious.

The student is cleared to return to school and resume all normal activities, including physical education and sports, effective [Return Date].

Special Instructions (if any): [e.g., Continue eye drops for 2 days, No swimming for 1 week, or N/A]

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

Sincerely,

[Signature of Healthcare Provider]

[Printed Name of Healthcare Provider]
[Medical Credentials/Title]