Date: [Date]

To: [School Name / School Nurse]

Re: Medical Clearance for [Student Full Name]

To Whom It May Concern,

This letter is to certify that [Student Full Name] was evaluated by our office on [Date of Evaluation].

The student was previously experiencing a fever. I am clearing this student to return to school and all school-related activities on [Return Date].

By the time of their return, the student will have met the following criteria:

- Fever-free for at least 24 hours without the use of fever-reducing medications.
- Improvement in overall symptoms.

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

Sincerely,

[Physician Signature]
[Physician Name, MD/DO/NP/PA]
[Clinic/Practice Name]