Date: [Date]

To: [School Name/Principal Name]

Re: Medical Clearance for [Student Name]

Date of Birth: [Student Date of Birth]

To Whom It May Concern,

[Student Name] was under my care for a febrile illness starting on [Date].

The student has now been evaluated and meets the following criteria for school re-entry:

- The student has been fever-free (less than 100.4F/38C) for at least 24 hours without the use of fever-reducing medications.
- Symptoms have significantly improved.
- The student is physically capable of participating in normal school activities.

It is my professional opinion that [Student Name] is cleared to return to school and school-related activities on [Return Date].

Special Instructions/Restrictions:
[Insert instructions or "None"]

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[Clinic/Practice Name]
[Phone Number]