Date: [Date]

To: [School Name / School Nurse]

Subject: Medical Clearance for Return to School

Student Name: [Student Full Name]
Date of Birth: [Date of Birth]

To Whom It May Concern,

This letter is to certify that the above-named student was seen by me on [Date of Visit] for a viral illness.

The student has been clinically evaluated and is now cleared to return to school and all school-related activities on [Return Date].

In accordance with standard health guidelines, the student meets the following criteria for return:

- The student has been fever-free for at least 24 hours without the use of fever-reducing medications.
- Symptoms have significantly improved.

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

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[Clinic/Medical Practice Name]