Date: [Date]

To: [School Name / Principal's Name]
From: [Doctor's Name/Clinic Name]
Subject: Medical Clearance for School Attendance

To whom it may concern,

This letter is to certify that [Student's Name] (DOB: [Date of Birth]) was seen at my office on [Date of Visit].

The student experienced a fever that has now resolved. As of [Date/Time], the student has been fever-free for over 24 hours without the use of fever-reducing medications. Based on my examination, the student's condition is not contagious, and they are no longer at risk of spreading illness to others.

[Student's Name] is medically cleared to return to school and resume all normal activities, including physical education, effective [Return Date].

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

Sincerely,

[Physician Signature]
[Physician Name, Title]
[Medical License Number]