Date: [Insert Date]

To: The School Administration / Principal
[Insert School Name]
[Insert School Address]

Subject: Medical Fitness Certificate for School Re-Admittance

To Whom It May Concern,

This is to certify that I have examined **[Student Name]**, a student of Grade/Class **[Insert Grade]**, who was under my care from **[Start Date]** to **[End Date]** due to a fever.

The student has been fever-free without the use of fever-reducing medication for more than 24 hours and is no longer showing symptoms of illness. I have evaluated the student and find them physically fit to resume their regular school activities and classes effective **[Return Date]**.

The illness was non-contagious at the time of this clearance, and the student poses no health risk to other children or staff.

Please feel free to contact my office if you require further information.

Sincerely,

[Doctor's Signature]
[Doctor's Full Name]
[Medical License Number]
[Clinic/Hospital Name]
[Phone Number]