Date: [Date]

To the Administration of [School Name],

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

This letter is to certify that the student named above was seen in our office on [Date of Visit] for a bacterial infection.

The student has been prescribed appropriate antibiotic treatment and has been fever-free without the use of fever-reducing medication for more than 24 hours.

In accordance with health guidelines, [Student Name] is no longer considered contagious and is cleared to return to school and all school-related activities on [Return Date].

Special Instructions (if any): [e.g., Continue medication for 5 days]

Sincerely,

[Doctor's Name/Signature]
[Clinic/Medical Practice Name]
[Phone Number]