Date: [Insert Date]

To: School Administration / School Nurse

School Name: [Insert School Name]

Subject: Medical Clearance for Return to School

To Whom It May Concern,

This letter is to certify that I have examined **[Student Name]**, Date of Birth: **[DOB]**, on **[Date of Exam]** for the presence of head lice.

The student has undergone the appropriate treatment as recommended. Upon clinical examination today, the student was found to be:

- Free of live lice.
- Free of viable nits (eggs).

In accordance with standard health protocols, this student is cleared to return to school and resume all regular activities effective **[Return Date]**.

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

Sincerely,

[Signature of Healthcare Provider]
[Name of Healthcare Provider]
[Title/Credentials]
[Clinic/Medical Facility Name]