[Clinic Name]
[Clinic Address]
[Clinic Phone Number]
[Date]

To: [School Name / School Nurse]
Subject: Medical Clearance for School Reentry

To Whom It May Concern,

This letter is to certify that [Student Name], Date of Birth [DOB], was examined at our clinic on [Date of Examination] for the presence of head lice.

The student has undergone the recommended treatment protocol as of [Date of Treatment]. Upon physical inspection today, the student has been found to be:

- Free of live lice.
- [ ] Free of nits (eggs).
- [ ] Presenting with non-viable nits only, posing no risk of transmission.

In accordance with our clinical findings and standard health guidelines, [Student Name] is medically cleared to return to school and resume all regular activities effective [Return Date].

Should you require further information, please contact our office at [Phone Number].

Sincerely,

[Signature of Healthcare Provider]
[Printed Name of Healthcare Provider]
[Title/Credentials]
[Clinic Stamp]