Date: [Date]

To: [School Name / School Nurse]

Re: Medical Clearance for Return to School

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

To Whom It May Concern,

This letter is to certify that the student named above has been examined and treated for pediculosis (head lice).

The student has undergone the recommended treatment protocol. Based on my clinical examination today, the student is currently free of live lice and is no longer considered contagious.

It is my professional opinion that the student is medically cleared to return to school and resume all regular activities effective [Return Date].

If you have any further questions or require additional information, please contact my office.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]
[Clinic/Practice Name]
[Phone Number]
[Clinic Stamp - Optional]