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 [Student Name] was evaluated at our clinic on [Date of Evaluation] for head lice (Pediculosis).

The student has undergone the recommended treatment and has been clinically assessed. It has been determined that:

- Appropriate treatment has been administered.
- No live lice were found during the examination.
- The student is no longer considered contagious.

Based on these findings, [Student Name] is cleared to return to school and resume all normal activities effective [Return Date].

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

Sincerely,

[Healthcare Provider Signature]

[Provider Name and Title]
[Clinic/Facility Name]
[Phone Number]
[Clinic Stamp, if applicable]