Date: [Date]

To: [School Name] Administration / Health Office

Re: Clinical Confirmation of Head Lice Treatment

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

This letter serves to confirm that the student named above has been clinically evaluated for Pediculosis (head lice).

The student has undergone the necessary treatment as of [Date of Treatment]. Upon physical examination today, I have determined the following (check one):

[ ] The student is currently free of live lice and may return to school immediately.
[ ] The student is free of live lice but may have residual non-viable nits. Treatment has been completed according to medical protocols.

It is my professional recommendation that this student be cleared for full participation in school activities, effective [Return Date].

Sincerely,

Signature: _____
Provider Name: [Name of Physician/Nurse]
Clinic Name: [Clinic/Facility Name]
Phone Number: [Phone Number]