Date: [Date]

To: [School Name] Administration / School Nurse

Subject: Health Clearance for Return to School

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

To Whom It May Concern,

This letter is to certify that the student named above has been professionally evaluated and treated for head lice at [Clinic Name] on [Date of Treatment].

The student has undergone a full manual removal and/or clinical treatment process. Based on our final inspection, the student is currently free of live lice and is cleared to return to school and normal activities effective [Return Date].

If the school has a "No-Nit" policy, please note that:
[ ] The student is completely clear of all nits.
[ ] Only non-viable nits remain, which do not pose a risk of transmission.

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

Sincerely,

[Signature of Clinician/Authorized Representative]
[Printed Name and Title]
[Clinic Name/Stamp]