Date: [Insert Date]

To: [Insert School Name] Administration / School Nurse

Re: Medical Clearance for Return to School

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

To Whom It May Concern,

This letter is to certify that [Insert Student Name] has been examined and has undergone the necessary treatment for head lice (pediculosis).

As of today's examination, the student has been cleared of live lice. It is my clinical opinion that the student is no longer contagious and may safely return to school and all school-related activities effective [Insert Return Date].

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

Sincerely,

[Doctor's Signature]

[Doctor's Printed Name]
[Clinic/Medical Practice Name]
[Clinic Address]