Date: [Date]

To: [School Name/School Nurse]

Subject: Medical Clearance for Return to School

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

To Whom It May Concern,

This letter is to certify that the above-named student was evaluated at [Clinic Name] on [Date of Evaluation] following a diagnosis of head lice.

The student has undergone the recommended medical treatment. Upon physical examination today, I have determined that there are no active live lice present. In accordance with standard health guidelines, the student is now cleared to return to school and resume all regular activities effective [Return Date].

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

Sincerely,

[Physician/Provider Signature]

[Physician/Provider Name, Title]
[Clinic Name]
[Clinic Address]