Date: [Insert Date]

To: [Insert School Name / School Nurse]

Re: Return to School Medical Clearance

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

To Whom It May Concern,

This letter is to certify that the above-named student has been evaluated for head lice (Pediculosis). The student has undergone the recommended treatment and has been clinically cleared to return to school and all related activities.

Based on my examination, the student is no longer considered to have an active infestation. They may return to school effective: **[Insert Date]**.

If you have any questions regarding this clearance, please contact my office at [Insert Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]
[Practice Name]
[Practice Address]