Date: [Insert Date]

To: School Administration / School Nurse
School Name: [Insert School Name]

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 the student named above was evaluated at our clinic on [Date of Exam] for head lice (Pediculosis).

The student has undergone the recommended medical treatment. Based on our clinical examination today, the student is no longer considered contagious and is cleared to return to school and all regular activities effective [Date of Return].

We have advised the parents/guardians to continue monitoring the student and to follow standard follow-up treatment protocols as necessary.

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

Sincerely,

[Signature of Healthcare Provider]
[Printed Name of Healthcare Provider]
[Clinic Name]
[Clinic Address/Stamp]