Date: [Insert Date]

To: [Insert School Name/Registrar]

Subject: Medical Clearance and Immunization Update

Student Name: [Insert Full Name]
Date of Birth: [Insert DOB]
Grade Level: [Insert Grade]

To whom it may concern,

This letter serves to certify that the above-named student was seen at [Insert Clinic Name] on [Insert Date of Visit] for a routine physical examination and vaccine review.

Based on today's evaluation, the student is physically fit to participate in all school activities, including physical education and competitive sports, with:

- No restrictions
- The following restrictions: [Insert Restrictions if any]

Immunization Status:

The student's immunization records have been reviewed. Please find the status below:

- The student is up-to-date on all state-required immunizations.
- The student received the following vaccines today: [Insert Vaccine Names].
- The student is currently on a catch-up schedule for: [Insert Vaccines].

Attached is the updated official immunization record for your files.

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

Sincerely,

[Physician Signature]
[Physician Name, Title]
[Clinic Name]
[Clinic Address]