[Date]

[Parent/Guardian Name]
[Address]
[City, State, Zip Code]

RE: Back to School Immunization Compliance Clearance

To Whom It May Concern,

This letter serves to certify that the student named below is in full compliance with the mandatory immunization requirements for school attendance for the [Year/Year] academic calendar.

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

Based on a review of the student's medical records, it has been verified that:

- The student has received all age-appropriate vaccinations required by state and local health regulations.
- A valid medical or religious exemption form is on file (if applicable).
- The student is currently on a "catch-up" schedule and is permitted to attend classes under provisional enrollment.

The student is cleared to return to school and participate in all school-related activities effective immediately.

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

Sincerely,

[Signature/Stamp]
[Name of Healthcare Provider or School Official]
[Title]
[Clinic or School Name]