[Clinic or Health Department Name]
[Address]
[Phone Number]
[Date]

To the Principal/School Administration of: [Name of School]

RE: [Student's Full Name]
Date of Birth: [Student's Date of Birth]

To Whom It May Concern,

This letter serves as official notification that the student named above has received the required pediatric immunizations necessary to return to school in accordance with state and local health regulations.

The student received the following vaccine(s) today: [List Vaccines or write 'All Required'].

Check one:

- [ ] The student is now up-to-date on all required immunizations.
- [ ] The student is currently "in process" and is scheduled for their next dose on: [Date].

The student is medically cleared to return to school on: **[Return Date]**.

An updated official immunization record is attached to this letter for your files.

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

Sincerely,

[Signature of Healthcare Provider]
[Printed Name of Healthcare Provider]
[Medical License Number/Clinic Stamp]