

**Date:** [Date]

**To:** [School Name / School Nurse]

**Subject:** Medical Clearance for Return to School

To whom it may concern,

This letter is to certify that my patient, [Student Name], Date of Birth: [DOB], was under my care for a viral infection from [Start Date] to [End Date].

The student has been medically evaluated and is now cleared to return to school and resume all regular academic activities effective [Return Date].

**Clinical Status:**

- The student has been afebrile (fever-free) for over 24 hours without the use of fever-reducing medication.
- Symptoms have significantly improved, and the student is no longer considered contagious.

**Activity Restrictions:**

No restrictions. Full participation in PE and sports.

Limited physical activity until [Date].

Other: [Specify any accommodations].

If you require further information, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

**[Physician Name, MD/DO]**

[Clinic/Hospital Name]

[Phone Number]