

Date: [Date]

To: [Name of School/Dean of Students]

Institution: [Name of Educational Institution]

Address: [School Address]

RE: Medical Clearance for Return to School

Student Name: [Student Full Name]

Date of Birth: [Student Date of Birth]

To Whom It May Concern,

I am writing to provide medical clearance for [Student Name] to return to full-time academic studies and campus activities effective [Return Date].

The student has been under my care for a mental health-related leave of absence since [Start Date of Leave]. During this period, the student has actively participated in treatment and has demonstrated significant improvement in their stability and functioning. Based on my clinical assessment, the student is now prepared to resume their educational responsibilities.

Recommended Accommodations (if any):

[List specific accommodations, e.g., reduced course load, extended deadlines, or "No specific accommodations required at this time"].

The student has a continuing care plan in place, which includes [Optional: mention follow-up appointments or therapy]. I am confident in their ability to reintegrate into the school environment safely and successfully.

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

Sincerely,

[Physician/Provider Signature]

[Provider Name and Title]

[License Number]

[Clinic/Facility Name]

[Contact Information]