

**Date:** [Date]

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

**From:** [Physician Name / Clinic Name]

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

To whom it may concern,

This letter is to certify that I have examined [**Student Name**] (Date of Birth: [DOB]) following an absence due to a fever and associated illness.

The student has been evaluated and is now cleared to return to school and all school-related activities on [**Return Date**].

In accordance with health guidelines, I confirm that the student:

- Has been fever-free for at least 24 hours without the use of fever-reducing medication.
- Has shown significant improvement in symptoms.
- Is no longer considered contagious.

If there are any specific restrictions or instructions regarding the student's return, they are noted below:

[Insert Restrictions or "None"]

Please contact my office at [Phone Number] if you require further information.

Sincerely,

[Physician Signature]

[Physician Printed Name]

[Medical License Number]