

Date: [Date]

To: [School Name / School Nurse]

Address: [School Address]

RE: Medical Clearance for [Student Name]

Date of Birth: [Student Date of Birth]

To Whom It May Concern,

This letter is to certify that [Student Name] was seen in my office on [Date of Examination].

Based on my evaluation, the student is now clinically stable and cleared to return to school and resume all academic activities effective [Return Date].

The student is cleared for:

- Regular classroom instruction
- Physical Education (PE) classes
- Sports and extracurricular activities

Special Instructions or Restrictions: [None / List any specific requirements here]

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

Sincerely,

[Doctor Name, Title]

[Medical Practice/Clinic Name]

[License Number]