Date: [Insert Date]

To: [Insert Summer Camp Name] Administration

Subject: Medical Clearance for [Patient Name]

To Whom It May Concern,

This letter is to certify that I have examined **[Patient Name]**, date of birth **[Date of Birth]**, following their recovery from a recent infectious illness ([Type of Illness, e.g., Strep Throat, Flu, COVID-19]).

The patient has been symptom-free since [Date] and has completed the required isolation/treatment period. As of today, the patient is no longer considered contagious and is medically cleared to participate in all summer camp activities without restrictions.

Important Details:

- **Date of Recovery:** [Insert Date]
- **Medication:** [None / List any ongoing medications]
- **Activity Restrictions:** [None / List specific restrictions]

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

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[Clinic/Hospital Name]
[License Number]