

Date: [Date]

To: School Administration / Health Office

School Name: [Name of School]

RE: Medical Clearance for Return to School

Student Name: [Student Full Name]

Date of Birth: [Student Date of Birth]

To Whom It May Concern,

The above-named student was under my medical care starting on [Date of Diagnosis/First Visit] for the following infectious condition: [Name of Illness/Condition].

I have evaluated the student today and can confirm that they have met the necessary medical criteria for discharge from isolation. The student is no longer considered contagious and is medically cleared to return to school and all school-related activities effective **[Date of Return]**.

Special Instructions or Restrictions:

[Insert instructions, such as "None," "Modified PE for 3 days," or "Must continue oral medication"]

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

Sincerely,

Signature: _____

Physician Name: [Doctor's Full Name]

Clinic/Facility Name: [Medical Practice Name]

License Number: [Provider License Number]