Date: [Date]

To: [School Name / Principal's Name]
From: [Doctor's Name / Medical Clinic]
Subject: Return to School Medical Clearance

To Whom It May Concern,

This letter is to certify that [Student Name] has been under my care from [Start Date] to [End Date].

The student is now medically cleared to return to school and resume all academic activities on [Return Date].

Regarding physical activities and extra-curriculars:

[ ] The student may participate in all physical activities without restrictions.
[ ] The student has the following restrictions: [List restrictions and duration].

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

Sincerely,

[Doctor's Signature]

[Doctor's Printed Name]
[Clinic Stamp/License Number]