

Date: [Insert Date]

To: [Insert School Name/Admissions Office]

From: [Insert Doctor/Provider Name]

Subject: Health Clearance for Four-Year-Old Pre-Kindergarten

Student Name: [Insert Student Name]

Date of Birth: [Insert Date of Birth]

To Whom It May Concern,

I have performed a comprehensive physical examination for the student named above on [Insert Examination Date].

Based on the clinical findings, the student is in good physical health and is medically cleared to participate in all four-year-old Pre-Kindergarten school activities, including physical education and outdoor play, without restrictions.

The following health requirements have been verified:

- **Immunizations:** The student is up-to-date with all age-appropriate vaccinations required by the state.
- **Screenings:** Vision, hearing, and lead screenings have been completed.
- **Allergies/Medications:** [Insert "None" or list specific allergies/medications].

If you have any questions regarding this student's health status, please contact our office at [Insert Phone Number].

Sincerely,

[Doctor's Signature]

[Doctor's Printed Name]

[Medical Practice Name]

[Clinic Address]