

**Date:** [Insert Date]

**To:** [School Name] Administration / School Nurse

**Subject:** Medical Clearance for Return to School

To whom it may concern,

This letter is to certify that **[Student Full Name]**, born on **[Date of Birth]**, has completed the required quarantine period starting from **[Start Date]** to **[End Date]**.

The student was quarantined due to:

- Positive test result for [Name of Illness]
- Exposure to a confirmed case
- Travel-related requirements

As of **[Current Date]**, the student meets the following criteria for return:

- The student has remained fever-free for at least 24 hours without the use of fever-reducing medication.
- Symptoms have significantly improved.
- The student has completed the mandatory isolation/quarantine duration as per health guidelines.
- (Optional) A negative test result was obtained on [Date].

I confirm that this student is medically cleared to return to all school activities, including classroom learning and extracurricular programs, effective **[Return Date]**.

Sincerely,

**[Signature of Healthcare Provider or Parent/Guardian]**

[Printed Name]

[Contact Phone Number]

[Clinic Name/Address, if applicable]