

[Company Name]
[Department]
[Date]

To: [Employee Name]
Employee ID: [ID Number]

Subject: Clearance to Return to Work - Infectious Disease Aerosol Hazard

Dear [Employee Name],

This letter serves as formal notification that you are cleared to return to your regular duties effective [Date].

Based on the medical documentation provided and the completion of the required isolation period, it has been determined that you no longer pose an aerosol transmission risk to the workplace. You have met the following criteria for return:

- Completion of the [Number]-day isolation period.
- Improvement of respiratory symptoms.
- Being fever-free for at least [Number] hours without the use of fever-reducing medication.

To ensure continued safety regarding aerosol hazards, please adhere to the following workplace protocols upon your return:

- Wear a fitted [N95/Surgical] mask in communal areas for [Number] additional days.
- Maintain appropriate physical distancing as outlined in company policy.
- Practice frequent hand hygiene and respiratory etiquette (covering coughs/sneezes).

If you experience a recurrence of symptoms or have concerns regarding your health and safety, please contact [Supervisor Name] or Human Resources immediately.

We look forward to your return.

Sincerely,

[Name of Health Officer or HR Representative]
[Title]
[Contact Information]