

Date: [Insert Date]

To: [Recipient Name/Organization]

Subject: Medical Clearance - Negative Stool Culture

To whom it may concern,

This letter is to certify that [Patient Full Name], Date of Birth [DOB], has been under my medical care for the evaluation of gastrointestinal symptoms.

Diagnostic testing was performed, and the results of the stool culture collected on [Collection Date] have returned **Negative** for the following pathogens:

- Salmonella
- Shigella
- Campylobacter
- Escherichia coli (O157:H7)
- [Additional Pathogens if applicable]

Based on these results and a clinical assessment, the patient is currently asymptomatic and is no longer considered a transmission risk for these specific enteric pathogens.

[Patient Full Name] is cleared to return to [Work/School/Daycare/Food Handling duties] effective [Return Date].

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

Sincerely,

[Doctor's Signature]

[Doctor's Printed Name, MD/DO]

[Medical Facility Name]

[License Number]