

# Strep Throat Exposure Notification

Date: [Insert Date]

Dear Parent/Guardian or Staff Member,

This letter is to inform you that an individual in your [Classroom/Group] has been diagnosed with Strep Throat (Streptococcal Pharyngitis).

Strep throat is a bacterial infection. Common symptoms include:

- Severe sore throat
- Fever
- Swollen lymph nodes in the neck
- White patches on the tonsils
- Headache or stomach ache

If you or your child develop these symptoms, please consult a healthcare provider. If diagnosed, please notify the office immediately.

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## Medical Clearance for Return

To: [Name of Institution]

Patient Name: [Insert Patient Name]

Date of Evaluation: [Insert Date]

The patient named above has been diagnosed with Strep Throat and has started a course of antibiotic treatment.

The patient may return to school/work on: **[Insert Return Date]**

### Criteria for Return:

- The patient has completed at least 24 hours of antibiotic therapy.
- The patient has been fever-free for 24 hours without the use of fever-reducing medication.

Provider Name: [Insert Name/Title]

Signature: \_\_\_\_\_

Clinic Stamp/Contact Info: [Insert Info]