Date: [Date]

To: [Recipient Name/Organization]
From: [Physician Name/Clinic Name]
Subject: Infectious Disease Evaluation Clearance

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Date of Evaluation: [Date of Exam]

To Whom It May Concern,

This letter serves to confirm that [Patient Name] has undergone a clinical evaluation for [Specific Disease/Condition, or "infectious disease clearance"].

Based on the physical examination, laboratory test results, and clinical assessment conducted on [Date], it has been determined that the patient:

- Is currently free from symptoms of active infectious disease.
- Does not pose a risk of transmission to others at this time.
- Is medically cleared to return to [Work / School / Surgical Procedure / Travel].

Special Instructions/Restrictions: [None or specify any limitations]

If you require any further information or have questions regarding this evaluation, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, Credentials]
[Medical License Number]
[Clinic/Hospital Name]