Date: [Date]

To: [Recipient Name/Employer/School Name]
From: [Medical Provider Name/Clinic Name]
Subject: Infectious Disease Exposure Clearance

Dear [Name of Contact Person],

This letter is to confirm that **[Patient Full Name]** (Date of Birth: [DOB]) has been evaluated following a potential exposure to **[Name of Infectious Disease]** on **[Date of Exposure]**.

Based on a clinical examination and/or the results of diagnostic testing, I am clearing the individual to return to their normal activities, including [work/school/childcare].

The evaluation has determined the following:

- The individual is not currently symptomatic for the aforementioned disease.
- The individual has completed the required quarantine or isolation period as per [CDC/Public Health] guidelines.
- The individual is not considered to be a transmission risk to others at this time.

Effective Date of Return: [Date]

Restrictions/Follow-up: [None / Specify any ongoing precautions or follow-up testing needed]

If you have any questions or require further verification, please contact my office at [Phone Number].

Sincerely,

[Signature]
[Provider Name, Title]
[Medical Facility Name]
[License Number]