

Date: [Insert Date]

Patient Name: [Insert Patient Full Name]

Date of Birth: [Insert Date of Birth]

Date of Exposure: [Insert Date]

To Whom It May Concern,

This letter serves to certify that the above-named patient has successfully completed a full 28-day course of Post-Exposure Prophylaxis (PEP) medication as prescribed, following a potential exposure to HIV.

The patient has undergone the necessary clinical evaluations and baseline testing. As of the date of this letter, the patient is cleared to resume normal activities and work duties without restriction.

Please note that according to standard medical protocols, the patient will continue to undergo follow-up diagnostic testing at the following intervals:

- 6 weeks post-exposure
- 3 months post-exposure
- [Optional] 6 months post-exposure

The completion of the PEP regimen significantly reduces the risk of viral transmission. If you require further medical verification or have questions regarding this clearance, please contact our office directly.

Sincerely,

[Physician Signature]

[Physician Name, Degree]

[Medical Facility Name]

[Phone Number]

[Medical License Number]