

Date: [Insert Date]

To Whom It May Concern,

This letter serves as official medical clearance for **[Patient Full Name]**, date of birth **[DOB]**, who was previously diagnosed with **[Name of Infectious Disease]**.

The patient has completed the required isolation period of **[Number]** days as mandated by public health guidelines. As of **[Clearance Date]**, the patient has met the following criteria for discharge from isolation:

- Completion of the recommended isolation duration.
- Absence of fever for at least **[Number]** hours without the use of fever-reducing medication.
- Significant improvement in clinical symptoms.

Based on current medical evaluation, the patient is no longer considered infectious and is cleared to return to work, school, and normal public activities without restriction.

If you require further information, please contact our office at **[Phone Number]**.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Facility/Clinic Name]

[License Number]