

**Date:** [Insert Date]

**To:** [Recipient Name/Organization]

**From:** [Physician Name/Medical Facility]

**Subject:** Medical Clearance for Discharge and Return to Normal Activities

**Patient Name:** [Patient Full Name]

**Date of Birth:** [Date of Birth]

**Date of Diagnosis:** [Insert Date]

To whom it may concern,

This letter serves as official notification that the patient named above has been treated for an airborne infectious disease ([Specify Disease, e.g., Tuberculosis, COVID-19, Measles]).

The patient has met all clinical criteria for discharge and is no longer considered infectious to the general public. This assessment is based on:

- Completion of the required isolation period.
- Significant improvement or resolution of clinical symptoms.
- [Optional] Negative laboratory test results or diagnostic imaging.
- [Optional] Completion of the initial phase of directed therapy.

Effective [Insert Date], the patient is cleared to return to work, school, and other community activities without restrictions. No further respiratory precautions or masking are medically required for the purpose of infection control regarding this specific diagnosis.

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

Sincerely,

[Physician Signature]

[Physician Name, Title]

[Medical Facility Name]

[License Number]