

Date: [Insert Date]

To: [Recipient Name/Organization]

Address: [Recipient Address]

RE: Medical Clearance for Bloodborne Pathogen Exposure/Infection

Patient Name: [Patient Full Name]

Date of Birth: [MM/DD/YYYY]

Date of Evaluation: [Insert Date]

To Whom It May Concern,

This letter serves as official notification that [Patient Name] has undergone a comprehensive medical evaluation and necessary testing regarding potential exposure to or infection from bloodborne pathogens (including but not limited to HIV, Hepatitis B, and Hepatitis C).

Based on the clinical findings and laboratory results reviewed on [Insert Date], I certify the following:

- The patient has completed the required treatment or observation period.
- The patient's laboratory results meet the clinical criteria for discharge from active monitoring.
- The patient is currently deemed medically cleared to return to [Work / School / Routine Activities] without restrictions.

The patient has been counseled on standard precautions and follow-up care if applicable. There is no evidence at this time that the patient poses a risk of transmission in a standard [Work / Social] environment.

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

Sincerely,

[Signature]

[Provider Name, Title]

[Medical Facility Name]

[License Number]