

Date: [Insert Date]

Patient Name: [Insert Patient Full Name]

Date of Birth: [Insert Date of Birth]

Patient ID: [Insert ID Number]

Subject: Clearance Discharge Letter - Contact Precautions

To Whom It May Concern,

This letter serves as official notification that the above-named patient has been medically evaluated and is now cleared from isolation requirements related to **[Insert Name of Infectious Disease/Pathogen]**.

The patient has met the following clinical criteria for the discontinuation of contact transmission precautions:

- Completion of the prescribed treatment course.
- Absence of clinical symptoms for the required observation period.
- [Optional] Negative laboratory test results dated [Insert Date].

As of **[Insert Clearance Date]**, the patient no longer poses a significant risk of transmission via direct or indirect contact. They may return to normal activities, including work, school, or communal living environments, without restriction.

Standard hygiene practices, such as regular handwashing, are recommended for continued health maintenance.

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

Sincerely,

[Physician Signature]

[Physician Name, Title]

[Facility/Clinic Name]

[Contact Information/Address]