

Date: [Date]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Medical Record Number: [MRN]

To Whom It May Concern,

This letter serves as formal notification that [Patient Name] has been medically evaluated and is hereby cleared for discharge and return to normal activities, including work and school.

The patient was previously diagnosed with or exposed to [Name of Disease/Pathogen]. As of the date of this letter, the patient remains asymptomatic and has met the clinical criteria for the completion of their isolation/quarantine period in accordance with current public health guidelines.

Clearance Details:

- **Last Date of Potential Exposure/Symptoms:** [Date]
- **Testing Results (if applicable):** [Negative/Non-reactive]
- **Effective Clearance Date:** [Date]

Based on our clinical assessment, the patient is no longer considered to pose a significant risk of transmission to others regarding this specific condition. No further restrictions on movement or physical contact are required at this time.

If you have any questions or require further verification, please contact our office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, Title]

[Facility/Clinic Name]

[Contact Information]