

**Date:** [Date]

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

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

**Patient ID/Reference:** [ID Number]

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# QUARANTINE DISCHARGE LETTER

To Whom It May Concern,

This letter serves as official notification that the individual named above has completed the required quarantine/isolation period for **[Name of Infectious Disease]**.

As of **[Discharge Date]**, the patient has met the clinical and/or public health criteria for discharge. According to current medical guidelines, they are no longer considered to be at significant risk of transmitting the infection to others and are cleared to resume normal activities, including returning to work or school.

**Summary of Status:**

- **Initial Quarantine Date:** [Start Date]
- **Final Assessment Date:** [End Date]
- **Status:** Cleared / Non-Infectious

Despite this clearance, the individual is advised to continue following standard public health recommendations, such as practicing good hand hygiene and monitoring for any recurrence of symptoms. If symptoms return, they should seek medical advice immediately.

Should you require further verification, please contact our office at [Phone Number].

Sincerely,

[Signature]

**[Doctor/Official Name]**

[Title/Position]

[Facility/Department Name]