

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

[Patient Phone Number]

Re: Quarantine Clearance Follow-Up

Dear [Patient Name],

This letter is to follow up on your recent period of quarantine regarding [Name of Infectious Disease]. Our records indicate that your mandatory isolation/quarantine period concluded on [End Date].

Based on the clinical information provided and the absence of symptoms, you are officially cleared to resume normal activities, including returning to work or school, effective [Clearance Date].

Please note the following status details:

- **Quarantine Start Date:** [Start Date]
- **Quarantine End Date:** [End Date]
- **Final Test Result (if applicable):** [Negative/Not Required]

While you have been cleared, we recommend that you continue to monitor your health. If you develop a fever, cough, or any other symptoms related to [Name of Disease] in the coming days, please contact your primary healthcare provider immediately.

If you require specific documentation for your employer or academic institution, please use this letter as official verification of your clearance.

Sincerely,

[Signature]

[Provider Name/Public Health Official]

[Title]

[Facility/Department Name]