

[Date]

[Recipient Name]
[Recipient Address]
[City, State, Zip Code]

Subject: Final Testing Request - Quarantine Follow-Up

Dear [Recipient Name],

According to our records, your mandatory quarantine period following your recent exposure or travel is nearing completion. As part of the required safety protocols, you are now requested to undergo a final diagnostic test.

Please schedule your testing for: **[Insert Date]**.

The details for your testing appointment are as follows:

- **Location:** [Insert Testing Center Name/Address]
- **Time:** [Insert Time, if applicable]
- **Test Type:** [Insert Test Type, e.g., PCR or Antigen]

Once you have received your results, please submit a copy to [Department/Contact Person] via [Email/Portal/In-Person].

Please remain in quarantine until you receive a negative test result and have been officially cleared by [Organization/Health Authority Name]. If you test positive or develop symptoms, please notify us immediately and follow your local health guidelines.

Thank you for your cooperation in maintaining a safe environment.

Sincerely,

[Your Name]
[Your Title]
[Organization Name]