

Date: [Insert Date]

Subject: Quarantine Clearance and Negative Test Result Notification

To Whom It May Concern,

This letter serves as official notification that **[Patient Full Name]**, born on **[Date of Birth]**, has completed the required quarantine period and is cleared to resume normal activities.

The individual underwent testing for **[Insert Disease Name, e.g., COVID-19]** on **[Test Date]**. The laboratory results processed by **[Laboratory Name]** have returned as **NEGATIVE**.

Case Details:

- **Patient ID/Passport No:** [Insert ID Number]
- **Test Type:** [Insert Test Type, e.g., PCR/Antigen]
- **Quarantine Start Date:** [Insert Start Date]
- **Quarantine End Date:** [Insert End Date]

Based on the negative test result and the absence of symptoms, the individual is no longer required to remain in isolation or quarantine as of **[Release Date]**.

Please contact **[Health Department/Clinic Name]** at **[Phone Number]** or **[Email Address]** if you require further verification.

Sincerely,

[Authorized Signature]
[Name of Medical Professional/Health Official]
[Title/Department]
[Institution/Clinic Name]