

[Doctor Name or Clinic Name]

[Clinic Address]

[City, State, Zip Code]

[Phone Number]

[Date]

To the Parent/Guardian of [Patient Name],

This letter is a follow-up regarding the recent quarantine period for [Patient Name], which began on [Start Date] due to [Reason for Quarantine: e.g., Exposure/Positive Test Result].

Based on the clinical information provided and the completion of the required isolation period, [Patient Name] is now cleared to end their quarantine effective [Clearance Date].

Clearance Status:

- The patient has completed the minimum [Number] days of quarantine.
- The patient has been fever-free for at least 24 hours without the use of fever-reducing medication.
- Symptoms have significantly improved.

The patient may return to school, daycare, and other extracurricular activities on [Return Date]. We recommend continued monitoring of health and following local health department guidelines regarding mask-wearing or additional precautions if applicable.

If [Patient Name] develops a new fever or worsening respiratory symptoms, please contact our office immediately or seek medical attention.

Sincerely,

[Provider Signature]

[Provider Name, Title]

[Clinic Name]