Name

Medical Practice or Hospital Name

Street Address

City, ST ZIP Code

RE: Authorization for no Longer Contagious

Dear Name:

This letter is to tell you that (name of patient) has no contagious diseases and should be allowed to keep on going to (work/school) without the threat of harming (his/her) peers. [Name]'s symptoms, nevertheless can be confused for some (infectious illness), will not be a threat to others. It is not required to quarantine as well as limit (Name)’s interactions along with contact with peers based on (symptoms).

You can contact my office if you have any questions. You can contact at (information).

Thank you,

cc: Recipient Name