Name

Medical Practice or Hospital Name

Street Address

City, ST ZIP Code

RE: Authorization for no Longer Contagious

Dear Name:

The following letter is intended to notify that [Name]’s symptoms are not contagious and therefore [Name] should be permitted to attend school without the fear of endangering others.

[Name]’s symptoms may be misunderstood for (infectious illness) but will not harm others. Therefore, there is no reason to quarantine and reduce [Name]’s contact with (his/her) peers based on (symptoms).

Any questions can be addressed to my office at (information).

Thank you,

cc: Recipient Name