



Date: _____

Clinic Name: _____

Clinic Phone Number: _____

To Whom It May Concern:

_____ DOB _____ was evaluated for COVID19 on
Patient Name
_____.
DOS

Based on the symptom-based guidelines published by the CDC, the patient has now been cleared from transmission-based precautions, and does not require any further testing. **The patient is medically cleared for return to work.**

Please call our clinic if you have any questions or concerns.

Sincerely,

Signature

Printed Name