

**{Date}**

To: **{Name}**  
**{Address}**  
**{City, State, Zip}**

Dear **{Recipient}**,

This letter is to confirm that **{Name}** has been deemed no longer contagious for **{infectious illness}**.

I have performed a checkup and hereby swear and attest that regardless of **{symptom}**, **{Name}** is fit to return to **{work/school}** without presenting any danger to **{his/her}** **{peers/clients/coworkers}**.

If you have any further questions, please contact my office at **{information}**.

Thank you,

**{Doctor}**