[Date]

To Whom It May Concern:

[Individual Name] is no longer under physician ordered isolation as of [Date].

While patient privacy laws prevent the disclosure of personal health information, you may call the [Office Name] of the [Local Health Department Name] at [Local Health Department Phone Number] if you have questions.

Sincerely,

[Contact Name

Local Health Department (LHD) Name

LHD Address

LHD Phone Number

Contact Email Address]