

Date

Dear

RE: [PATIENT NAME]

I assessed __[PATIENT NAME]_____ on __[DATE]_____. On assessment, the patient is symptom free and does not present with any clinical features suggestive of a viral infection. AND (*cross out or deleted whichever is not applicable*)

- 1) The patient has reported that they have completed a
 - i) 14-day period of self-quarantine for potential exposure to coronavirus which began on __[DATE]_____, and the patient has also reported that they were well during this time (OR)
 - ii) 14-day period of self-quarantine after returning from ____[country] which began on __[DATE]_____, and the patient has also reported that they were well during this time

Kind Regards,

(GP Signature Block)