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.

The patient has reported that they have completed a (cross out whichever is not applicable):

* 14-day period of self-isolation for potential exposure to coronavirus which began on \_\_\_[DATE]\_\_\_\_\_\_\_; or
* 14-day period of self-quarantine after returning from \_\_\_\_[country] which began on \_\_\_\_[DATE]

The patient has also reported that they were well during this time.

Regards,

(GP Signature Block)