|  |
| --- |
| *Place patient sticker/stamp here or write:**Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RE: Clearance to Return to School or Child Care**

To whom it may concern,

The individual named above is a patient under my care. I am aware that they were recently excluded from a school or child care setting due to exposure to a measles case.

I can confirm that this individual has received their second dose of measles vaccine.

Based guidance from WDG Public Health, this individual can now immediately return to school or child care.

Thank you for your attention to this matter.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Health Care Provider Signature