[Date]

To Whom It May Concern:

[Individual Name] is under physician-ordered isolation due to a communicable health condition. The individual will be confined to their home until further notice.

Isolation separates sick people with a contagious disease from people who are not sick to help stop the spread of illness. The nature of the condition prevents this person from going to work, appointments, or meetings during the isolation period.

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.

Thank you for your cooperation in this matter.

Sincerely,

[Contact Name

Local Health Department (LHD) Name

LHD Address

LHD Phone Number

Contact Email Address]