

Medical Statement for Contagious Illness

Date:

Patient Information

Name:

Date of Birth:

Patient ID (if applicable):

Diagnosis

Contagious Condition Diagnosed:

Date Diagnosed:

Symptoms Present:

Treatment & Recommendations

Prescribed Treatment or Medication:

Precautions/Isolation Guidelines:

Follow-up Date or Further Instructions:

Healthcare Provider Information

Provider Name:

Contact Information:

Signature:

Date Signed:

This medical statement confirms the patient's condition and provides guidelines to ensure public health and safety. Please contact the provider above for any queries or additional information.