Date

To Whom it May Concern:

I am writing to state that *(PATIENT)* tested POSITIVE for COVID -19 on xx/xx/xx. The child must be in isolation for 10 days, starting on their first day or symptoms / their test date *(EDIT TO INDICATE WHICH ONE)* which was xx/xx/xx.

As long as symptoms are improving and they are fever-free for 24 hours, their isolation can end on: XX/XX/XX

All close contacts to this patient must quarantine for 10 days from their last contact with this patient.

The Center for Disease Control does NOT RECOMMEND RETESTING patients who had a positive COVID-19 test. Patient who have COVID-19 may have a positive test for up to 3 months, but they are only contagious for the first 10 days of the illness.

Please contact us with any questions: 215-427-5985

Sincerely,

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