

COVID-19 Clearance Certificate Template

<Date>

Dear <Insert Name>

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 <Insert country> which began on <DATE>.

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

Regards,

<GP Signature Block>

Source: www.wqphn.com.au/news-events/coronavirus/practice-information-pack (May 2020)