



TULE RIVER TRIBE PUBLIC HEALTH AUTHORITY

To Whom It May Concern:

The Public Health Authority requested isolation of _____

Name of Individual

I certify that this person:

- No longer has any clinical symptoms of Covid-19
- Has not had a fever without the use of medication for at least 72 hours
- Had first positive Covid-19 test at least 21 days ago

Therefore, this individual is no longer required to remain in isolation and/or quarantine unless otherwise notified in the future.

Sincerely,

Healthcare Provider

Date