**DOCTOR NAME**

Doctor Qualifications

Clinic Address

Clinic Contact No.

**DOCTOR’S NOTE**

TO WHOM IT MAY CONCERN,

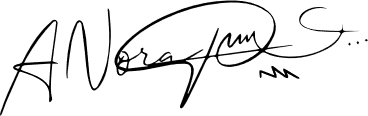
I am writing to confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been diagnosed with strep throat, a bacterial infection caused by Streptococcus pyogenes. This condition is characterized by symptoms such as sore throat, fever, fatigue, and swollen lymph nodes.

To ensure a full recovery and reduce the risk of complications or transmission, the recommended rest period is from \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_. During this time, it is strongly advised that the patient refrain from attending work, school, or any public activities. Strep throat is highly contagious and primarily spreads through respiratory droplets; thus, minimizing close contact is critical to controlling its spread.

The patient has been provided with medical treatment, which may include antibiotics and supportive care, and it is essential to complete the full course of prescribed medication. Adequate hydration, rest, and isolation are also advised until symptoms resolve.

Your cooperation in supporting the patient’s recovery and helping to prevent further spread of this illness is greatly appreciated.

Sincerely,

[Title/Position]

[Clinic Name]

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[Doctor's Signature]

[Title/Position]

[Clinic Name]