

LETTER ADVISING COMPLETION OF QUARANTINE OR SELF ISOLATION

**This clearance is for the UTHSC campus and not applicable to other facilities.
Complete the following statements below.**

1. I was asked to self-isolate/quarantine by _____.
Name
2. I have been in self-isolation quarantine from _____ to _____.
3. As of (Date) _____, I am asymptomatic. (E.g. Without fever, cough, sore throat, diarrhea, shortness of breath, body aches, etc.)
4. **For UTHSC employees:** I agree for this form to be forwarded to UTHSC Human Resource to complete my return to campus clearance. Yes No

Name (print) _____ Signature _____ Date _____

FOR UHS OFFICE USE ONLY

University Health Services was notified of your self quarantine and/or isolation. According to your report and CDC guidelines, you may now discontinue home quarantine and/or isolation.

Name _____ Signature _____ Date _____
UHS provider

University Health Services
910 Madison Avenue, 9th floor
Memphis, TN 38163
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