# Notification to Employee Who Has Tested Positive – Sample Letter

**[insert organization's logo, name and address]**

**[insert date]**
**[insert employee's name]**
**[insert employee's physical address (and/or email address if applicable)]**

Dear**[insert employee's name]**:

Due to your presumptive or confirmed diagnosis of COVID-19. As a result of your diagnosis, please be advised that you are to self-quarantine at home. You are not to come into work.**[OPTIONAL:**However, you may work remotely unless your symptoms prevent you from doing so.**]**

**[NOTE: Please check with any addition State or local directives for below language and or insert that return to work criteria here:]** You may not return to work until:

* At least 10 days have passed since symptom onset;
* At least 24 hours have passed since resolution of fever without the use of fever-reducing medications; **and**
* Other symptoms have improved.

In order to assess the risk of exposure to others, please contact **[insert Company representative and contact details]**to obtain a contract tracing form or to indicate the following:

* The first date you began experiencing symptoms of COVID-19;
* The last date and time you were in the workplace;
* Any areas of the workplace you visited during the 14 days prior of diagnosis or positive test;
* Identify any other workplace locations, facilities or non-workplace locations that you may have conducted Company business during the 14 days prior of diagnosis or positive test
* Identify the coworkers , clients, vendors and third parties whom you had close contact with (e.g., within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period).

The Company will safeguard and keep confidential your identity, diagnosis and any other medical information pertaining to you. Your identity and results will remain confidential and only known to **[insert Human Resources, supervisor or manager]**, unless you voluntarily disclose your status to your coworkers.

During this time, you may use available **[insert as applicable: paid time off (PTO), vacation and/or sick leave] [OPTIONAL: as well as paid sick leave offered under the Families First Coronavirus Response Act**]. **[Insert additional information regarding available leave or benefit options]** Please contact **[insert appropriate Company contact and contact details]**for further information regarding eligibility and the application process.

The health and safety of all of our employees remains our utmost priority. Please maintain contact with [**insert appropriate Company contact]** during this time and please let us know if you have any questions. We wish you well and hope for a full and speedy recovery.

**[insert closing (e.g., Sincerely, Very truly yours)]**,

**[insert handwritten signature (for a mailed letter) and typed signature]**

**[insert sender's title]**

**[insert enclosure line as applicable (e.g., Enclosure or Enclosures)]**