Sample Essential Staff Letter

Staff Name:
From: CEO of Organization
Date:

RE: Proof of Role as Staff Member of Essential Healthcare Operation

You are a staff member of _____, an Essential Healthcare Operation that provides retirement housing and healthcare to seniors. Your ability to travel to our facilities, and, if necessary, to travel during work for authorized work-related purposes, is essential to our ability to carry out our Essential Business of housing and caring for seniors.

Please keep this letter in your vehicle and available to show to law enforcement if you have difficulty getting to work. Please keep your _____ identification badge with you. We appreciate your commitment to _____ residents and the care that is so vitally important during this time.

Sincerely,

Staff Name:
From: CEO of Organization
Date:

RE: Multi-site work locations and activities impacting COVID-19 exposure

You are a staff member of _____, an (job type_____ that provides healthcare services to seniors. My job requires me to travel to multiple facilities, and, if necessary, to travel during work for authorized work-related purposes, essential to carry out our services for caring for seniors.

It is imperative to contain the spread of COVID-19 and in an effort to reduce the risk of exposure, I have visited the following facilities in the prior 24-hours:

1. _____

2. _____

3. _____

4. _____

I change my clothing between locations ❑ Yes ❑ No

I wear PPE during my visits at ALL locations ❑ Yes ❑ No

The facility I visited has been identified as COVID-19 positive ❑ Yes ❑ No

I consent to allow this facility to take my temperature upon my arrival and prior to treating residents. ❑ Yes ❑ No

I have recently been tested for COVID-19. ❑ Yes ❑ No

I have not traveled to any country outside of the United States in the past 14 days. ❑ Yes ❑ No

Have you had contact with anyone confirmed to have COVID 19 in the past 14 days? ❑ Yes ❑ No

Have you had any of the following symptoms in the past 14 days:

❑ Fever greater than 100 degrees
❑ Difficulty breathing
❑ Cough

Are you currently experiencing fever over 100°F, having difficulty breathing, or coughing?
❑ Yes ❑ No

PLEASE DO NOT CONTINUE INTO THE FACILITY UNTIL THIS FORM HAS BEEN REVIEWED BY FACILITY STAFF

Signature: _____ Date: _____

Printed Name: _____

❑ Visitor ❑ Vendor ❑ Consultant ❑ Physician

Contact information (if this facility is identified as COVID 19 active, you will be contacted)

Name: _____ Phone: _____

Company: _____