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

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

Subject: COVID-19 Diagnosis

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

We understand that you have received a presumptive or confirmed diagnosis of COVID-19, the novel coronavirus. First and foremost, we realize how difficult and frightening a time this is for you, and we wish you a full and speedy recovery.

As a result of your diagnosis, please be advised that you are to self-quarantine for at least 14 days or the length of time recommended by your health care provider. You are not to come into work. **[OPTIONAL:** However, you may work remotely unless your symptoms prevent you from doing so.**]** You may not return to work until at least 72 hours have passed since the last symptoms have cleared, without the aid of fever-reducing medication.

In order to assess the risk of exposure to others, please contact **[insert Human Resources or appropriate contact and contact details]** to inform us as to:

* When you first began experiencing symptoms of COVID-19;
* The last time you were in the workplace; and
* The areas of the workplace you visited.

Also, you will be asked to identify the coworkers **[insert, if applicable: and clients, vendors and third parties]** that you had close contact with (e.g., being within approximately six feet) within the 14 days prior to testing positive. At no time will your identity and the fact that you tested positive be disclosed to any coworkers. Your identity 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] [insert if organization has fewer than 500 employees: as well as paid sick leave offered under the Families First Coronavirus Response Act**]. **[Insert additional information regarding available leave options]** Please contact **[insert Human Resources or appropriate contact and contact details]** for further information regarding eligibility and the application process.

These are difficult times, and the health and safety of our employees remains our utmost priority. Please maintain contact with Human Resources **[OPTIONAL: or your supervisor**] during this time and let us know if you have any questions. We wish you 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)]**

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