[Print on your practice letterhead]

Date: \_\_\_\_\_\_\_\_\_\_\_\_

Dear Employer:

[Name of Physician]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

is providing this letter to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to excuse him/her/them from work.

This individual is required to stay home and self-monitor for 10 days after his/her/their last day of exposure to a suspected/confirmed COVID-19 case or of having traveled in an area with ongoing spread of coronavirus as identified by the Centers for Disease Control and Prevention. For more information, visit [cdc.gov/coronavirus/2019-ncov/travelers](https://www.cdc.gov/coronavirus/2019-ncov/travelers/).

This individual’s self-reported last day of exposure or of traveling was on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. He/She/They should not attend work during the 10-day period after this date.

**This person has not been diagnosed with COVID-19.** These measures are being implemented out of an abundance of caution given the COVID-19 pandemic.

Please excuse this person from work so that he/she may comply with this directive.

Sincerely,

[Physician signature]