[Print this notice on your practice letterhead.]

To Whom It May Concern:

The below-named individual in possession of this letter is an employee of \_\_[FACILITY] \_\_.

EMPLOYEE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Our medical facility is engaged in providing essential medical services during COVID-19. We remain open during this county’s restrictions on work and travel outside the home to provide health care to the community until the expiration or termination of the county judge’s order.

As such, this employee is considered essential and is required to appear at work. Please be advised this employee is considered exempt at all times from restrictions on mobility when reporting to and from work, or engaged in work-related transit.

Should additional confirmation of employment be required, please contact:

SUPERVISOR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We appreciate your understanding.

[FACILITY SIGNATURE]