

Isolation letter template:

To Whom It May Concern:

Employee Health is requiring that XXX stays off work and completes an isolation period through ***. Employee Health will contact the employee prior their return to work date of *** to provide work clearance. Employee may work from home during isolation period if applicable and symptoms allow.

If you are diagnosed with COVID-19, this may qualify as a disability. Contact Matrix Absence Management at 877.202.0055 or matrixabsence.com to file a claim. You could qualify for time off through the Family Medical Leave Act (FMLA) or a medical leave of absence (MLOA).

Per **(YOUR FACILITY)** Policy, all outpatients (including those employed by **(YOUR FACILITY)**) must reschedule appointments with their providers for 21 days after symptom onset, unless that appointment is to assist with the management of COVID-19 symptoms. In addition, all employees who have tested positive for COVID-19 should avoid aerosol generating procedures (bronchoscopy, etc.) if possible, for 21 days after symptom onset.

Please contact Employee Health with any questions or concerns, 402-XXX-XXXX.