

**RTW isolation letter template:**

To Whom It May Concern:

XXX has been cleared by Employee Health to return to work on \*\*\*. Employee is to follow departmental policy for calling in ill for ongoing fevers and/or symptoms, and follow up with primary care provider as needed for management of symptoms and additional medical leave if applicable. Upon return to work, employee is to continue practicing infection prevention policies of universal masking/eyewear, social distancing, and hand hygiene.

Per **(YOUR COMPANY)** Policy, all outpatients (including those employed by **(YOUR COMPANY)**) 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, XXX-XXX-XXXX.