Sample Work Notices for Patients Who Are at High Risk for Severe Illness With COVID-19

**SAMPLE 1 (EMPLOYEE):**

*(Insert patient name)* is an existing patient of *(insert practice name*) and has an underlying health condition that places [him/her] in a high-risk category for the possibility of a more severe COVID-19 illness.

The CDC states that individuals who are at higher risk for severe illness need to take extra precautions during the COVID-19 pandemic. [https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html](https://nam02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fpeople-at-higher-risk.html&data=02%7C01%7Csharon.nichols%40curi.com%7C73c2b2c0200c45b017a208d8065f83b8%7C16ac8726db104070a28d1e3cddb4f354%7C0%7C0%7C637266354595122137&sdata=uadD%2BQwujzxPq7ZupDuuOOGsa29yEoLyd7lByqJmF4E%3D&reserved=0)

Considering this employee’s underlying health condition, it would be preferable to make accommodations to place this employee in an area that minimizes exposure to COVID-19, or allow them to work from home. If that is not feasible, then this employee may need to be placed on medical leave during the COVID-19 pandemic.

**SAMPLE 2 (EMPLOYEE):**

*(Insert name)* is a patient of *(insert practice name)* and is an employee of your facility. This employee has an underlying health condition that places them in the high-risk category for the possibility of a more severe COVID-19 illness. If feasible, I recommend this employee either be allowed to work from home or in an area that limits the patient’s potential exposure to COVID-19.

**SAMPLE 3 (STUDENT):**

*(Insert name)* is a patient of *(insert practice name)* and is a student at your school. This student has an underlying health condition that places them in the high-risk category for the possibility of a more severe COVID-19 illness. If feasible, I recommend this student either be allowed to attend classes remotely or be placed in an area that limits potential exposure to COVID-19.

Sample Work Notices for Patients Who Either Were Suspicious, or Tested Positive, for COVID-19

**SAMPLE 1 (GENERAL):**

*(Insert patient name)* is an existing patient of *(insert practice name*) and a(n) [employee/student/child] in your facility.

This [employee/student/child] has met all of the CDC “requirements” to be released from [quarantine/isolation]. This [employee/student/child] is cleared to return to [work/school/daycare]*.*

CDC criteria for release from quarantine after having COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html>

CDC criteria for healthcare workers to return to work: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

**SAMPLE 2 (SYMPTOMATIC AND TESTED POSITIVE):**

Since *(insert patient name)* has been isolated for at least 10 days since the onset of symptoms, free of symptoms for 24 hours, and has tested negative for COVID-19 since quarantine, (s)he is cleared to return to [work/school/daycare].

CDC criteria for release from quarantine after having COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html>

CDC criteria for healthcare workers to return to work: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

**SAMPLE 3 (SYMPTOMATIC AND NOT TESTED):**

This [patient/student/child] has been isolated for at least 10 days since the onset of symptoms, free of fever without the use of medication for 24 hours, and symptoms have improved. Based on CDC criteria, (s)he is cleared to return to [work/school/daycare].

CDC criteria for release from quarantine after having COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html>

CDC criteria for healthcare workers to return to work: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

**SAMPLE 4 (ASYMPTOMATIC AND TESTED POSITIVE):**

Since *(insert patient name)* has been isolated for at least 10 days since testing positive for COVID-19, has remained asymptomatic, and has tested negative for COVID-19 since their quarantine, (s)he is cleared to return to [work/school/daycare].

CDC criteria for release from quarantine after having COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html>

CDC criteria for healthcare workers to return to work: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

Sample Work Releases for Patients With Medical Issues That Prohibit Wearing a Mask

**SAMPLE 1 (EMPLOYEE):**

*(Insert patient name)* is an existing patient of *(insert practice name*) and is an employee in your facility.

This employee has a medical condition that makes it difficult, for health reasons, to wear a mask. It would be preferable that you make accommodations to place this employee in a setting that allows for social distancing of six feet or greater during their work time since they cannot tolerate wearing a mask. If that is not feasible, then this employee either may need to work from home or be placed on medical leave during the COVID-19 pandemic.

**SAMPLE 2 (EMPLOYEE):**

*(Insert patient name)* is an existing patient of *(insert practice name*) and is an employee in your facility.

This employee has a medical condition that affects [his/her] breathing status, which may cause, at times, intolerance to wearing a mask. During those times when (s)he cannot tolerate wearing a mask, (s)he will need to be placed in a work setting that maintains social distancing of greater than six feet. If that is not feasible, then this employee may have to either work from home, or be placed on medical leave during the COVID-19 pandemic.

**SAMPLE 3 (STUDENT):**

*(Insert patient name)* is an existing patient of *(insert practice name*) and is a student in your school.

This student at times, due to a medical condition, that affects [his/her] breathing status, may not tolerate wearing a mask. During those times when this student cannot tolerate wearing a mask, I recommend (s)he be allowed either to attend classes remotely, or be placed in an area that limits potential exposure to COVID-19.

**SAMPLE 4 (STUDENT):**

*(Insert patient name)* is an existing patient of *(insert practice name*) and is a student in your school.

This student has a medical condition that makes it difficult, for health reasons, to wear a mask. I recommend that this student be allowed either to attend classes remotely, or be placed in an area that limits potential exposure to COVID-19.