**diarr**

**Sample Language**

**Employee\_Close Contact\_ENG\_FullyVax\_No Quar**

**Please place school letterhead here.**

**[DATE]**

Dear Employee:

You are a close contact to a person who tested positive for COVID-19 who was present at [**BUSINESS]** on **[DATE**]. As you are fully vaccinated, you do not to need to quarantine however, you should do the following:

1. Self-monitor for symptoms:
* Check temperature twice a day.
* Watch for fever, cough, shortness of breath, and other signs/symptoms of COVID-19, such as chills, sore throat, muscle aches, diarrhea, or loss of sense of taste or smell. Additional symptoms may occur; see the attached “COVID-19: Know the Symptoms Flyer” for more information.
1. If any of these symptoms develop, stay home, notify your workplace and call your health care provider for advice.
2. Continue to wear a mask indoors, as required.
3. Consider testing 3-5 days following exposure.

For questions or concerns about this notice, please contact your facility’s administrator: [**NAME/NUMBER]**