

Date

Dear Staff Member or Volunteers,

Please note that on _____, a confirmed COVID-19 positive individual presented to your place of employment while symptomatic. Please monitor your symptoms, if any, for 14 days from the date noted above, do not present to work if symptomatic, and contact your medical provider if your symptoms worsen.

Please note that in accordance with the American with Disabilities Act the name and medical information of the person confirmed to be COVID-19 positive will remain confidential.

Furthermore, please note that decontamination and cleaning procedures in accordance with the CDC cleaning guidance will continue to be implemented in order to ensure the health and safety of our work environment.

If you have additional questions, please contact the Rockland County Department of Health's Covid-19 hotline at 845-238-1956 between Monday and Friday from 8:00 am to 5:00 pm or send an email to COVIDCallCenter@co.rockland.ny.us.

Sincerely,

Nyack Joint Fire District

By: _____
Chairman Ted Ryder