

[Date]

[Designated Officer]

[Employer]

[Address]

[City/Town], [State] [Zip]

Re: Request for Notification of Possible Exposure to COVID-19

Dear [Designated Officer]:

This is a request for notification of my possible exposure to an infectious disease pursuant to the Ryan White Act.

On [Date], at [Time], while on duty assigned to [Apparatus], I attended, treated, assisted, and transported an emergency victim to [Medical Facility]. I believe that I may have been exposed to COVID-19 because the victim was experiencing **Insert all applicable symptoms: fever, cough, shortness of breath, difficulty breathing, persistent chest pain, persistent chest pressure, new confusion, inability to arouse, bluish lips, bluish face**. According to the CDC, these are symptoms of COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

COVID-19 is caused by a severe acute respiratory syndrome-related coronavirus (“SARS-CoV”). The CDC has listed SARS-CoV as a potentially life-threatening infectious disease covered by the Ryan White Act. Therefore, I have the right to be notified about my possible exposure to COVID-19 by the medical facility to which I transported the victim.

According to CDC guidelines, an occupational exposure to this type of disease may occur when an emergency response employee “comes within about 6 feet of a contagious individual who has an infectious disease ... and who creates large respiratory droplets through activities such as sneezing, coughing, and talking.” While responding to the above-referenced emergency, I was within 6 feet of the victim while the victim was **Insert all applicable activities: sneezing, coughing, talking**.

Based on these facts, and pursuant to the Ryan White Act, I request that you (1) make an affirmative determination that I may have been exposed to COVID-19, (2) submit a written request to the above-referenced medical facility for a response regarding the victim, and (3) attach this letter to your request to the medical facility. Please note that the medical facility must respond as soon as practicable, but not later than 48 hours after receiving your request.

If you have any questions, or need additional information, please contact me as soon as possible.

Sincerely,

[Employee’s Name]

[Designated Officer]

[Date]

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[Address]

[City/Town], [State] [Zip]

[Phone]

[Email]

cc: **[Name, President, IAFF Local #]**