

Month XX, XXXX

**EMPLOYEE NOTICE OF POSSIBLE EXPOSURE — CLOSE CONTACT**

Re: Employee Notice of Possible Coronavirus Exposure

Dear xxxxx ,

The Azusa Unified School District received notice on Month XX, XXXX, that an employee that works in {department or site} tested positive for the coronavirus. It is unknown at this time when the employee contracted the virus, however, the employee began having symptoms on Month XX, XXXX. The District began contact tracing and reviewed the employee's activities while at {Site} from Month XX, XXXX, through Month XX, XXXX. The employee was last on a District site on Month XX, XXXX, at approximately {time}.

According to the Centers for Disease Control and Preventions (CDC) and the Los Angeles County Department of Public Health, people who have not been fully vaccinated and are exposed to an infected person should self-quarantine if they: (1) were within 6 feet of the infected person for more than 15 minutes within a 24 hour period of time, even if wearing a non-medical face covering, or (2) had unprotected contact with the infected person's body fluids and/or secretions, for example, being coughed or sneezed on, sharing utensils or saliva, or providing care without using appropriate protective equipment. However, fully vaccinated individuals should also quarantine *if* they are exhibiting symptoms.

**Our investigation has determined you do meet these criteria, and, thus, self-quarantine/isolation is required at this time.**

Our investigation specifically examined the employee's activities from Month XX, XXXX through Month XX, XXXX. Our investigation also determined that from Month XX, XXXX, through Month XX, XXXX, you were in the same general outdoor area, less than 6 feet apart from the infected employee for part of the workday.

Based on this information we have determined, as a precaution, to identify you as a "close contact." As a result, you are required to self-quarantine for at least 10 days, starting on Month XX, XXXX. You are not allowed on campus during this period. We additionally recommend that you take a COVID test.

Please review the following resources, which provide information regarding self-quarantine, coronavirus symptoms, and testing:

- What If I'm Exposed - Home Quarantine Instructions for Close Contacts of COVID-19

[English](#) | [Español](#)

- What If I'm Sick - Home Isolation Instructions for People with COVID-19

[English](#) | [Español](#)

- [What if I Have Symptoms - Learn about Symptoms and What To Do If You Are Sick](#)

[English](#) | [Español](#)

- [County of Los Angeles Department of Public Health: COVID-19 Testing](#)
- [COVID-19 Vaccine: When You've Been Fully Vaccinated](#)

If you begin experiencing symptoms of COVID-19, or if you are diagnosed or test positive, please immediately notify Human Resources [\(XXX\) XXX-XXXX](#), and provide the following information: your full name, *when* and *where* you were last at the District office or school site, when you tested positive, and contact information to be used in reaching you immediately. You may also call the Los Angeles County Department of Public Health directly at (213) 240-7941 (Monday-Friday, 8:00 a.m.-5:00 p.m.) or (213) 974-1234 (after hours) and follow their instructions.

Lastly, if you become positive for COVID-19 and it is determined that the illness arose out of and in the course of employment, you may be entitled to compensation including full hospital, surgical, and medical treatment, disability indemnity, and death benefits. To file a workers' compensation claim, please notify your employer that you believe your COVID-19-related illness is work-related and file a DWC 1 Claim Form pursuant to Labor Code Section 5401.

Sincerely,

Human Resources