**Sample Language**

**Close Contact Child- Fully Vax\_ ENG**

**Please place school letterhead here.**

**[DATE]**

Dear Parents/Guardian of **[FACILITY]** Attendee:

Your child was identified as a close contact to a person who tested positive for COVID-19 that was present at **[FACILITY]** on **[DATES].** As your child is fully vaccinated, you should do the following:

1. Continue to have them wear a well-fitting mask while indoors, as mandated
2. If your child remains without symptoms they may continue to attend school
3. Continue to monitor them 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.

If any of these symptoms develop, keep them home, notify your school and call your health care provider for advice to get tested.

For more information, visit <https://occovid19.ochealthinfo.com/>. For questions or concerns about this notice, please contact your facility’s administrator at: [**NAME/NUMBER].**