**DATE**

**TO WHOM IT MAY CONCERN**

[**Name of Worker**] is a worker for our business, [**Business Name**], which is a Critical Service.

Our business Unique ID number for the Critical Services Register is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Their worker identification number is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Our business is a Critical Service because **[include the output of the online self-assessment tool]**

The worker named above is critical to our business operations because **[include how this person is critical to your business]**

To minimise transmission risks, this Worker will be required to:

* wear a medical mask at all times (including wearing a medical mask before entry to the workplace, and changing as needed during the day)
* comply with any infection prevention and control protocols at work
* work in an indoor or outdoor space with no others present in that space
* travel solo or with a household member, to, from and around work or between jobs
* eat alone in a well-ventilated space, outdoors where possible
* use a dedicated bathroom (if this is not possible, no others will be present in the bathroom while the worker is using it)
* ensure that if symptoms develop at any stage, they isolate at home and get tested

If you have any questions about this worker please contact: [**name, phone number**].

**Additional documentation provided:**

* A printed or digital copy of our Critical Services Register confirmation (that contains our unique identifier)
* Worker’s vaccine pass
* Worker’s personal ID like a Driver’s Licence, and
* the text message confirming they are a close contact and therefore eligible for a test.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**