SERVING THE COMMUNITY SINCE 1983

**EMPLOYEE VERIFICATION LETTER**

February 1, 2021

**NAME:**

**DATE OF BIRTH:**

**EMAIL:**

This letter identifies **INSERT NAME** as frontline healthcare personnel with patient contact as part of volunteering with Angel Flight West - conducting Critical Infrastructure or Essential Services as specified in the Center for Disease Control and Prevention.

**Ms./Mr. LAST NAME** is eligible to receive the COVID-19 vaccine as outlined in CDC Recommendations, phase 1 rollout, as **he/she** is a high-risk volunteer in a healthcare setting and a high-risk first responder who is not able to telework. **He/she** is responsible for transporting patients who may have been exposed to COVID-19 in a close contact environment.

Please grant this essential healthcare provider phase 1a, 1b or 1c access to the COVID-19 vaccine as early as possible.

Thank you for your cooperation. For validation purposes or questions, please contact the undersigned.

Sincerely,

ANGEL FLIGHT WEST

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Josh Olson

Executive Director

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*In partnership with*

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