(Store Letterhead)

Date:

To Whom it May Concern:

The person to whom this letter was issued is an employee of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ pharmacy. This

Pharmacy is in the (town, city) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in the state of .

Please do not restrict or detain this employee who is traveling to and from work during this COVID-19

emergency situation.

This employee’s presence is required at the pharmacy to ensure that all (town, city) residents have

access to medicine and medical supplies during this crisis.

Respectfully,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_