TEMPLATE

DATE

To Whom it may concern

I can confirm that <insert name here>, of <insert address here> is employed by <insert company here>, who is an ESSENTIAL FREIGHT AND LOGISTICS OPERATOR supplying urgent and essential freight and logistics services.

It is recommended that this person be COVID tested on a 7-day rolling cycle as per the Queensland Operational Protocol for Freight Movements (see attached) and be prioritized for testing.

<insert company here> takes COVID-19 prevention very seriously and has implemented stringent policies and procedures to ensure the safety of our staff, families, customers and the community.

Yours sincerely

NAME

TITLE

COMPANY NAME