

To: All [Company or location] Employees

From: [Company] Pandemic Planning Team

### **Important Information about Employee [Antiviral] Distribution Program**

[Timeframe], all [Company] employees will have an opportunity to start the process to obtain [Antiviral] for pandemic use. Please review carefully the information below as well as the Q&A linked below.

The Employee [Antiviral] Distribution Program is a voluntary program being offered for a limited period of time. The first step in the process is a consult with a physician. As you know, a physician interaction is required in order for [Antiviral] to be prescribed. *This is not a physical exam.* We have arranged for physicians from [name of occupational health group – if being utilized] to conduct these consults over several days in [timeframe].

**Please refer to the Master Schedule (link below) to determine the date, time, and location for your physician consult.**

During your assigned time slot, please report to the designated location where private areas will be set up for the consults. **You must bring your employee ID badge in order to participate.**

[Link Here to Master Schedule of Physician Consults \(by Employee ID Number\)](#)

When you report for your consult:

1. Pick up the following forms at the designated area:
  - **Medical Form** - complete before you meet with the physician. The information contained therein will be treated as confidential medical information by [fill in who will retain] and will not be disclosed to anyone else within the company. *Please bring along a list of any medications you are currently taking to make it easier to complete the form.*
  - **A Required Physician Form** - complete the top portion before you meet with the physician.
2. You will be guided to another area where you will be able to complete the forms and also view a videotaped message from [anyone you designate, but usually a C- level with message about the program and why it's being rolled-out]
3. After completing the forms, proceed to the marked area to wait your turn to see a physician.

NOTE: If you decide not to participate in this voluntary program, you must complete a **Waiver Form** that you will pick up in person during your scheduled time

**Due to the large number of employees going through this process, it is extremely important that you report for your consult during the time assigned to you, according to your employee ID number.** This is a one-time opportunity. If you must change the time of your consult because of business travel, verifiable absence due to illness (documented on the absence reporting line or by a physician's note presented to [per

**your designation]**, or vacation, send an e-mail message with your name and employee number to **[per your designation]** and you will be rescheduled.

#### *Next steps*

- At your consult, the physician will review your Medical Form with you. Providing that all conditions are met, a **[Antiviral]** prescription will be forwarded to a **[type of pharmacy or distribution channel]** that is working with **[name of your Company]** on this project.
- The next step in the process for you to receive **[Antiviral]** will be for you to complete a mandatory **[educational module/ reading]**. The module contains important information all employees should know about pandemic flu, seasonal flu, and the appropriate use of **[Antiviral]**. The module is to be completed by *all* employees, regardless of participation in this program.
- At a future date - the exact date has not yet been determined – **[Antiviral]** will be **[include distribution plan decided upon - shipped directly, picked up, etc]** to those employees who complete the module successfully and are participating in the program.

Look for more information about the educational module coming very soon.

[Link here to a Q&A about this program](#)

If you have additional questions about this program, please send them via e-mail to **[Contact info]**