| Dear | |
|--|------------|
| The following Fire Department listed below is an emergency response organization that emplifications, who in the course of their professional duties respond to emergencies. In according to the Ryan White Comprehensive AIDS Resource Act (P.L. 101-381) this agency has designated the person listed below for the listed fire departmental designated Officer of Emergency Response Employees" | dance with |
| Please contact our "Designated Officer' to make notification about possible exposure of our response employees to infectious pulmonary tuberculosis or other infectious diseases listed federal regulations. Information about how to contact out designated officer is included wit | in the |
| Your facility too is required to designate an official to serve as Designated Officer for exposinformation. Please advise us if you are not that person and the contact information of this | |
| In the event of an occupational exposure our Designated Officer will submit a request via plinformation to the hospital's Designated Officer and the follow up with a written request for information the would be need by our department. | |
| Should you have any questions or concerns, please feel free to contact me at your convenie | nce. |
| Sincerely, | |
| Ryan White Officer | |
| Date: | |
| Fire Department: | |
| Contact person: | |
| Mailing Address: | |
| | |
| | |
| Phone Number: | |
| Cell Number: | |

E-mail address: