SAMPLE COVER LETTER TO PARENTS Accompanying Questionnaire

| Dear Parent: | | | |
|---|---|--|--|
| We have recently been notified that (infectious hepatitis) have occurred Care Center. | | | |
| To accurately assess the current sit Local Health Department are asking the questionnaire completely so that taken. Please return the questionnaire tomorrow. | g that you complete that we can determine w | ne accompanying quest what, if any, further cor | tionnaire. Please fill out ntrol measures need to be |
| For your information we are includi answering questions you may have | _ | ut hepatitis A that sho | uld be helpful in |
| Thank you. | | | |
| Sincerely, | | | |
| | | | |
| (Name) | | | |
| | | | |
| (Local Health Department) | | | |