

**PRIORITY URGENT CARE**

105 West Road, Ellington, CT 06029

Phone: 860-454-0678

Fax: 860-926-4245

Email: [priorityurgentcare@gmail.com](mailto:priorityurgentcare@gmail.com)

Website: [www.priorityuc.com](http://www.priorityuc.com)

**EMPLOYEE: BRING THIS FORM WITH YOU TO PRIORITY URGENT CARE**

**Return to Work Requirement for Employee Testing Positive for COVID-19**

**Two Negative Tests within 24 hours required**

Town of Ellington  
(860) 870-3100  
55 Main Street  
P.O. Box 187  
Ellington, CT 06029

Name of Employee: \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Date: \_\_\_\_\_ Sent by: \_\_\_\_\_

Signature of Department Head

Reason for Visit: Employee Tested Positive for COVID-19 Coronavirus

**SERVICE:**

COVID-19 TEST

COVID-19 EVALUATION

*Open Monday through Friday 8:00 a.m. to 8:00 p.m. Saturday - Sunday 9:00 a.m. to 5:00 p.m.  
Call for an appointment and to check the hours.*

cc: Human Resources