**Sample Letter from Health Care Professional Supporting**

**Workplace Request for Accommodations Related to COVID-19**

***[Replace the above text with your professional letterhead. This letter must be individualized.]***

[Date]

Dear [Supervisor or Human Resources Staff] OR [To Whom It May Concern]:

I am the [treating physician, nurse practitioner, healthcare professional, etc.] for [Patient].

This patient has been diagnosed with [condition ], a medical condition that substantially limits [the bodily system impaired]. Specifically, this patient’s body [describe the impairment].

People with this condition face a higher chance of experiencing serious complications from COVID-19. The CDC has advised individuals with this condition to take additional precautions in order to avoid exposure to the coronavirus. In particular, given my patient’s condition, they [Explain any complications the patient has that would make them even more vulnerable to serious illness from COVID-19.]

[Add, if applicable: In general, people with this condition are more likely to experience severe symptoms and complications when infected with any virus. For example, viral infections can [describe how viral infections in general impact people with the patient’s condition.]]

[Include this only if relevant: My patient also has [list any other health conditions that may also increase risk from COVID-19], which makes them even more vulnerable to serious illness from COVID-19.]

Due to ongoing treatment for this condition it is medically advisable for this patient to [Select all that apply: avoid contact with others/self-isolate/reduce contact with others/take precautionary measures when in contact with others and in public spaces]. It is my professional opinion that the risk of serious illness related to COVID-19 can be mitigated through the following reasonable accommodations:

[List accommodations that patient is requesting and that are medically supported, such as teleworking; temporary reassignment to another position to accomplish physical distancing; temporary reassignment of specific duties; temporary leave; workplace screening, barriers, distancing, and disinfecting.]

[Where possible: I estimate that these accommodations will be necessary for approximately \_\_\_weeks, subject to any changes in the patient’s medical condition and evolving workplace and community risks from COVID-19.]

[If a period of leave is required, it is best to give an estimated length, because an indefinite period of leave is generally not necessary and might not be considered to be a reasonable accommodation. For example: A period of leave for the one to two weeks that it should take to implement physical or other workplace safety modifications. OR

A period of leave for approximately \_\_\_\_ weeks, subject to any changes in the patient’s medical condition and evolving workplace and community risks from COVID-19.]

With these accommodations, I am confident that [patient’s name] can safely and fully perform all essential job duties. Please contact me if you have any questions.

Sincerely,

[Signature]

[Printed Name]