

Sample Letter from Health Care Professional Supporting Request for Accommodations

You may provide this sample letter to your health care professional to help him or her document your disability and need for reasonable accommodations. This documentation should be on your health care professional's letterhead. As with all requests, it must be individualized.

[Date]

[Name and Title of Employee's Supervisor
Name of Business
Address of Business]

Dear [Mr. Smith]:

My patient Jane Doe has been diagnosed with [Type 1/Type 2] diabetes mellitus, a lifelong disease that substantially limits endocrine function. Specifically, Ms. Doe's body [*does not produce insulin/is not able to effectively use the insulin it produces*]. Insulin is necessary to convert glucose, which comes from food, into energy that the body can use. Because Ms. Doe has diabetes, she uses [*diet and exercise/oral medication/insulin through self-administration of injections multiple times a day via an insulin pen/insulin syringe/insulin pump*] to manage her diabetes. Without these measures, Ms. Doe would [*die within days or weeks/experience increased urination, weight loss, kidney failure, diminished vision, and other complications*].

Ms. Doe must carefully monitor her blood glucose level to determine whether there is too much or too little glucose in her blood, and she must take action to correct for any high or low blood glucose levels. High blood glucose, or hyperglycemia, can cause Ms. Doe to experience tiredness, weakness, and other symptoms. Low blood glucose, or hypoglycemia, can cause Ms. Doe to feel shaky, confused, have difficulty speaking, and experience other symptoms. To best prevent hyperglycemia and hypoglycemia, Ms. Doe must be able to manage her diabetes at work as she would at home. It is my medical opinion that Ms. Doe needs [*list accommodations needed, such as breaks to check her blood glucose levels, eat, take medication, or go to the bathroom/a place to rest until blood sugar levels become normal/diabetes supplies and food nearby/access to a private area to perform diabetes-care tasks/leave for treatment, recuperation, or training on managing diabetes/a modified work schedule*].

Ms. Doe has [*list diabetes complications, such as neuropathy or retinopathy*], which has caused [*nerve damage/vision loss/other limitations*] and substantially limits her ability to [*walk/see/care for herself/perform other life activities*]. As a result, it is my medical opinion that Ms. Doe needs [*list accommodations needed, such as the use of a chair or a large-screen computer monitor*].

With these accommodations, Ms. Doe can safely and fully perform all essential job duties. Please contact me if you have any questions.

Sincerely,

[Name]
[Signature]