

[Physician Name/Medical Practice Name]  
[Address]  
[City, State, Zip Code]  
[Phone Number]  
[Date]

RE: Medical Certification for [Patient Name]  
Date of Birth: [Patient Date of Birth]

To Whom It May Concern,

I am the treating physician for [Patient Name]. This letter serves to certify that my patient has been diagnosed with a severe environmental allergy to [Specific Allergen, e.g., Mold, Dust Mites, Specific Pollen, Latex].

Exposure to this allergen poses a significant health risk to [Patient Name] and may trigger severe symptoms, including [List Symptoms, e.g., Respiratory Distress, Anaphylaxis, Chronic Asthma Exacerbation]. Due to the severity of this condition, it is medically necessary to ensure that [Patient Name]'s environment is strictly controlled and free from these triggers.

To manage this condition and prevent life-threatening reactions, I recommend the following accommodations:

- [Requirement 1, e.g., High-efficiency HEPA air filtration]
- [Requirement 2, e.g., Professional deep cleaning of the area]
- [Requirement 3, e.g., Removal of specific carpeting or materials]

Please feel free to contact my office at [Phone Number] if you require further clinical documentation or clarification regarding this medical necessity.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]  
[Medical License Number]  
[Clinic Stamp]