

[Physician Name, MD/DO]
[Clinic/Hospital Name]
[Address]
[City, State, Zip Code]
[Phone Number]

[Date]

To: [Employer Name / Human Resources Department / School Administrator]
Re: Medical Necessity for Workplace/Academic Accommodations for [Patient Full Name]

To Whom It May Concern:

I am the treating physician for [Patient Full Name], who is currently under my care for the management of severe asthma. This condition is a chronic respiratory disorder that significantly impacts [Patient Name]'s ability to breathe and perform major life activities when exposed to specific environmental triggers.

Due to the severity of this condition, [Patient Name] requires specific accommodations to minimize the risk of life-threatening asthma exacerbations and to maintain their health and productivity. I recommend the following accommodations:

- **Air Quality Control:** Placement in a well-ventilated area with high-efficiency air filtration (HEPA).
- **Trigger Avoidance:** Minimizing exposure to known irritants such as strong perfumes/fragrances, cleaning chemicals, smoke, dust, and mold.
- **Temperature Regulation:** Avoiding extreme temperature fluctuations or high humidity, which can trigger bronchospasms.
- **Remote Work/Study Flexibility:** The option to work or attend classes from home during periods of high pollen counts, poor outdoor air quality, or during an active flare-up.
- **Emergency Access:** Immediate access to rescue medications (inhalers/nebulizers) at all times.

These accommodations are medically necessary to prevent severe respiratory distress and potential hospitalization. We anticipate these needs to be [Permanent / Long-term].

If you require further clinical documentation or have questions regarding these restrictions, please contact my office directly.

Sincerely,

[Physician Signature]

[Physician Printed Name]
[Medical License Number]