

[Date]

[Employee Name]

[Employee ID]

[Department]

Subject: Acknowledgment of Allergy Notification and Request for Information

Dear [Employee Name],

The Human Resources department has received your notification regarding your allergy to [Specific Allergen]. We take the health and safety of our employees seriously and are committed to maintaining a safe working environment.

To better understand your needs and determine appropriate workplace accommodations, please provide the following information:

- A completed Medical Verification Form from your healthcare provider.
- Specific triggers within the office environment that may cause a reaction.
- Your recommended emergency protocol (e.g., location of an EpiPen).

In the meantime, we will review our current office policies regarding common allergens. Please be assured that your medical information will be kept confidential in accordance with company policy and privacy laws.

If you have any immediate concerns or require urgent adjustments to your workspace, please contact me directly at [Phone Number] or [Email Address].

Sincerely,

[Your Name]

[Your Title]

[Company Name]