

**Date:** [Date]

**To:** [Recipient Name/Organization Name]

**From:** [Your Name / Patient Name]

**Subject:** Seizure Trigger and Lifestyle Management Requirements

Dear [Name of Supervisor, Teacher, or Coordinator],

I am writing to provide formal documentation regarding my medical condition (Epilepsy/Seizure Disorder) and the specific lifestyle management strategies required to maintain my safety and health in the [Workplace/School/Program] environment.

To minimize the risk of seizure activity, it is necessary to manage the following known triggers:

- **Sleep Regulation:** Maintaining a consistent sleep schedule is critical. Lack of sleep significantly lowers the seizure threshold.
- **Stress Management:** High levels of physical or emotional stress can act as a primary trigger.
- **Photosensitivity:** Exposure to flashing lights, strobes, or high-contrast flickering patterns must be avoided.
- **Dietary/Hydration Consistency:** Regular meals and adequate hydration are necessary to maintain metabolic stability.
- **Temperature Control:** Extreme heat or physical overexertion may increase seizure risk.

In light of these triggers, I request the following reasonable accommodations:

- [Insert specific request, e.g., Flexible start times for sleep recovery]
- [Insert specific request, e.g., Use of anti-glare screen filters]
- [Insert specific request, e.g., Designated quiet space for stress reduction]
- [Insert specific request, e.g., Scheduled breaks for medication and meals]

In the event that a seizure occurs despite these management efforts, please follow the attached Seizure First Aid protocol. I am available to discuss these requirements further to ensure a safe and productive environment.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]

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**Physician Verification (Optional):**

I confirm that the lifestyle management strategies listed above are medically necessary for the patient's seizure control.

Physician Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_