Date: [Insert Date]

To: [Recipient Name/Organization]

Subject: Notification of Temporary Hearing Modification

Dear [Name of Supervisor, Teacher, or HR Representative],

I am writing to formally notify you that I am currently being treated for an ear infection. As a result, I am experiencing temporary hearing loss and auditory discomfort in my [Left/Right/Both] ear(s).

According to my healthcare provider, this impairment is temporary but will require certain modifications to my environment and communication methods until the infection clears. I expect these needs to last until approximately [Insert Expected End Date].

To ensure I can continue to perform my duties effectively, I request the following temporary accommodations:

- Written follow-ups for important verbal instructions or meeting notes.
- Preferential seating during meetings or lectures to better hear the speaker.
- Reduction of background noise or the ability to work in a quieter space.
- Permission to use assistive listening devices or headphones if necessary.

I have attached a medical note from my doctor confirming my diagnosis and the need for these temporary adjustments.

Thank you for your understanding and support during this time. Please let me know if we need to discuss these modifications further.

Sincerely,

[Your Name]
[Your ID Number/Job Title]
[Your Contact Information]