

Current Date: [Date]

To: [Name of Supervisor, Human Resources, or School Administrator]

From: [Your Name or Parent/Guardian Name]

Subject: Request for Medical Accommodation - Continuous Glucose Monitor (CGM) Access

Dear [Name of Contact],

I am writing to formally request a medical accommodation regarding the management of Type 1 Diabetes. [I / My child, Name] uses a Continuous Glucose Monitor (CGM) to manage this life-long autoimmune condition.

A CGM is a medical device that provides real-time glucose readings every few minutes. It is essential for safety, as it alerts the user to dangerously high or low blood sugar levels, which can lead to medical emergencies if left untreated.

To ensure proper health management and safety, the following accommodations are requested:

- **Device Access:** Permanent access to a smartphone or dedicated receiver at all times to monitor glucose trends and receive medical alerts.
- **Immediate Action:** Permission to treat low or high blood sugar levels immediately upon receiving an alert, which may include consuming food/glucose tabs or administering insulin.
- **Supplies:** Permission to keep medical supplies (sensors, transmitters, adhesives, and backup testing kits) nearby.

Please note that the CGM may emit audible alarms during work or school hours. These are critical medical notifications and should not be silenced or ignored.

I have attached documentation from [Doctor's Name] at [Clinic/Hospital Name] confirming the medical necessity of this device. I am available to discuss any necessary paperwork or the implementation of these accommodations at your earliest convenience.

Thank you for your cooperation and support in maintaining a safe environment.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number/Email]