

Date: [Date]

To: [Venue Name / Airline Name / Organization Name]

Attn: Accessibility Services / Ticket Office

RE: Medical Clearance for Companion Seating

Patient Name: [Patient Full Name]

Date of Birth: [Patient Date of Birth]

To Whom It May Concern,

I am the treating [Job Title/Physician] for [Patient Name]. This letter serves to verify that my patient has a diagnosed cognitive disability that requires specific seating accommodations.

Due to the nature of their condition, [Patient Name] requires the constant presence of a companion or caregiver during your event/travel. For safety, emotional regulation, and assistance with communication, it is medically necessary that the patient and their companion be seated in adjacent (side-by-side) seats.

Separation from a companion may result in significant distress or safety concerns for the patient. Please provide the necessary clearances to ensure they are not separated during the seating assignment process.

If you require further information, please contact my office at [Phone Number].

Sincerely,

[Signature]

[Provider Name, Title]

[Medical License Number]

[Clinic/Hospital Name]

[Email Address]