

[Physician Name/Medical Practice Name]

[Address Line 1]

[Address Line 2]

[Phone Number]

[Date]

To: [Employer/Educational Institution Name]

From: [Physician Name, Credentials]

Subject: Medical Necessity for Noise Reduction Accommodations

To Whom It May Concern,

I am the treating physician for [Patient Name], who is currently under my care for a diagnosed medical condition. This condition significantly impacts the patient's ability to function in environments with high levels of ambient noise or auditory distractions.

To manage the symptoms of this condition and to ensure the patient can perform their essential duties effectively, I am prescribing the following medical accommodations:

- The use of noise-canceling headphones or specialized earplugs.
- Placement in a quiet workspace or low-traffic area, if available.
- Permission to use white noise machines or auditory masking tools.

These accommodations are a medical necessity and are expected to be required for [Duration, e.g., the next 12 months / indefinitely].

Should you require further clarification regarding these clinical recommendations, please contact my office directly.

Sincerely,

[Signature]

[Physician Printed Name]

[Medical License Number]