

Medical Professional Recommendation for Disability Accommodations

Date: [Insert Date]

To Whom It May Concern,

I am writing to recommend [Patient's Name], who has been under my care since [Insert Date]. [Patient's Name] has been diagnosed with [Insert Diagnosis] which significantly impacts their ability to perform daily activities and participate in [Insert Relevant Activities, e.g., work, school].

Given these challenges, I recommend the following accommodations to support [his/her/their] needs:

- [Accommodation 1]
- [Accommodation 2]
- [Accommodation 3]

These accommodations will facilitate [Patient's Name]'s ability to [insert specific benefits of accommodations]. It is crucial to provide these supports for [him/her/them] to thrive.

If you require further information or clarification regarding this recommendation, please feel free to contact me at [Insert Contact Information].

Thank you for your attention to this important matter.

Sincerely,

[Your Name]
[Your Title/Position]
[Your Institution/Clinic]
[Contact Information]