Insert Date Here

Your Doctor’s Name

Your Doctor’s address

City, State, Zip Code

Your Human Resource Leader’s Name

Your Company Name

Your Company Address

Your Company City/State/Zip Code

Dear [Human Resources Name]

My patient is making a request for reasonable accommodations at work due to the COVID-19 pandemic. People with kidney disease face a higher chance of experiencing serious complications from COVID-19. In general, people with kidney disease are more likely to experience severe symptoms and complications when infected with a virus. The Centers for Disease Control and Prevention (CDC) has advised people with kidney disease to stay home to avoid exposure to the coronavirus.

In the case of my patient, it is my professional opinion that the risk of serious illness related to COVID-19 can be mitigated through the following reasonable accommodations:

·     *List accommodations needed, such as working from home, temporary reassignment to another position to accomplish physical distancing, temporary reassignment of specific duties, temporary leave, etc.*

With these accommodations, [patient’s name] can safely and fully perform all essential job duties. Please contact me if you have any questions.

Sincerely,

[Your doctor’s name]