

**FORM LETTER FOR PHYSICIAN REGARDING REQUEST FOR
REASONABLE ACCOMMODATION**

DATE

TO WHOM IT MAY CONCERN:

(EMPLOYEE NAME) is currently being treated for a medical condition which is considered a high-risk condition for serious complications from COVID-19. As such, (HE/SHE) is requesting off-site remote teaching as a reasonable accommodation for the 2020-21 work year.

PHYSICIAN'S SIGNATURE