

**Subject:** Reasonable Accommodations Request

**To:** [General Counsel, Patient Relations, Clinic or Department Manager, Doctor]

My functional limitation is that I have or care for a loved one that has a medical condition that [according to the CDC](#) puts me at high risk for severe COVID outcomes, and/or I am otherwise [medically vulnerable to severe COVID outcomes including an increased risk of developing Long COVID](#). [A significant population of medical professionals are working sick](#). COVID positive patients often are no longer isolated from patients who are not COVID positive. [Hospital Acquired COVID rates are up to 20% and deadly, reports ranging from 10-20% death rates](#).

Many people with disabilities and medical vulnerabilities have been forgoing medical treatment and dental care for over 3 years due to safety issues.

Your facilities do not require universal masking or pre-admission COVID testing, so the risk of my contracting COVID at your facility has increased dramatically.

Unless you adhere to strict COVID safe precautions, your facility will be a risky ecosystem, and my risk of contracting COVID at your facility and a subsequent bad outcome is significant.

I am writing to request reasonable accommodations, as guaranteed by the Americans with Disabilities Act for safe healthcare, pursuant to my right to “full and equal access” to health care services under federal law (28 C.F.R. § 35.151 (Title II); 28 C.F.R. Part 36, Subpart D (Title III)).

I am writing to request the following reasonable accommodations at my upcoming visits during the next 6 months:

1. First appointment of the day.
2. Allow me to wait in my car or outside **if possible** until called for my appointment, or isolate me from the patient population in a distant room where the door closes.
3. Allowed to access an entrance that services less traffic and to check in for appointments in an isolated area.
4. As I check in and wait for care after being called in for my appointment or procedure, ventless N95 respirators will be provided and required of staff, medical professionals at the front desk if possible (**and fit test requirements are not required**) as well as patients in the waiting area, or isolate me from the patient population in a distant room where the door closes.
5. Isolate me as far as possible from the patient population during my visit/procedure in a room where the door closes, if possible.
6. **Every effort** will be made to protect me from encountering anyone for the duration of my visit, staff, medical professionals, patients and visitors, who are not wearing ventless N95 respirators or better.

7. All patients, staff and medical professionals in contact with me should participate in regular symptoms screening and PCR testing if exposed to COVID within the last 10 days without a respirator and symptomatic or suspected of COVID infection. They should be segregated and quarantined **from me** if COVID is suspected until PCR screening results are returned negative and no longer symptomatic.
8. All medical providers and staff in contact with me PCR tested weekly.
9. Patients admitted COVID positive and patients suspected to be COVID positive or who have developed hospital acquired COVID are **separated** at a reasonably safe distance from me and staff and that medical professionals I also see will use ventless N95 respirators or better and appropriate PPE when encountering such patients for my protection.
10. I request to be seen, treated, and in pre and post-op in a private room which I will not share with any other patient. **If possible**, I request that this room be cleaned by only masked staff, and that an air purifier be run for 30 minutes before I enter.
11. I request that, if I am to undergo a procedure that **requires** other patients and I meet in pre- and post-operative spaces, the other patients be PCR tested for COVID before being admitted to the hospital.
12. Extra air filtration and UV sterilization as available. Preferably, scrub the air with HEPA filtration at 12 air changes per hour using this formula. I am happy to bring my own HEPA purifier to assist with this.
13. Ventilate with open windows when possible.
14. You can check air quality using a CO2 air quality monitor . Less than 800 ppm CO2 = risks of airborne germs are low. For each 100 ppm over that, your risk increases.

If you are unable to offer these accommodations, we can discuss reasonable alternative accommodations as required by the Americans for Disability Act.

I am doing my best to avoid contracting COVID, including avoiding indoor crowded spaces, socially-distancing and wearing a well-fitting N95 mask at all times with people outside of my household. I have also tested for COVID at regular intervals as needed and/or testing day before procedure.

Please confirm how you will be able to meet my request. I would appreciate a written response to my request within (5) five days. Thank you in advance.

Sincerely,

[Your Name and Date]