

Sample Doctor's Note

(should be on doctor's letterhead)

[Date]

[Patient] has been under my care for [describe period of time (for example, months, years)]. [Patient] has [name of condition] that significantly interferes with [her/his] ability to [describe limitations, especially related to the relevant impairment]. As a result, [patient] has a (for example, qualifying disability under the federal Fair Housing Act and the California Fair Employment and Housing Act, or a medical condition that will worsen if she does not have access to stable housing, clean water, etc.).

Due to [patient]'s condition, exposure to [name detrimental situation, for example, tobacco smoke is detrimental to [her/his] health and increases the risk of [patient] suffering an adverse event, such as [describe negative health impact].

I urge you to grant [patient]'s accommodation request to [describe the accommodation request (for example, ban smoking in the common areas, allow to move to a vacant unit away from the drifting smoke, make the surrounding units nonsmoking, release from rental agreement so can move, etc.)]. This accommodation is necessary to ameliorate the conditions of [patient]'s disability.

Sincerely,

[Signature]

Dr. [doctor's name]