MARVIX AI

SAMPLE ACCOMMODATION LETTER

MULTIPLE SCLEROSIS — WORKPLACE ACCOMMODATION REQUEST

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1 PATIENT INFORMATION

PATIENT NAME
Danielle R. Okafor

DATE OF LETTER
September 12, 2025

DOB
02/28/1991 (34 yrs)

MRN / PATIENT ID
NEU-330417

AGE / SEX
34 / Female

2 PROVIDER INFORMATION

PROVIDER NAME
Stephen Vaidya, MD

PHONE
(617) 555-0143

CREDENTIALS
MD, Board-Certified Neurologist (Neuroimmunology)

FAX
(617) 555-0166

SPECIALTY
Neurology

PRACTICE / FACILITY NAME
Charles River Neurology & MS Center

ADDRESS
88 Cambridge Parkway, Suite 400, Cambridge, MA 02142

3 RECIPIENT INFORMATION

RECIPIENT NAME
Angela Brooks, SHRM-CP

DEPARTMENT
People Operations — Leave & Accommodations

ORGANIZATION / EMPLOYER
Latimer Systems, Inc.

PHONE / FAX / EMAIL
(857) 555-0120 / accommodations@latimersys.com

ADDRESS
2 Seaport Lane, 15th Floor, Boston, MA 02210

4 PURPOSE OF LETTER

ACCOMMODATION REQUEST TYPE
Reasonable workplace accommodation under the ADA

SETTING
Workplace (hybrid software engineering role)

REQUESTED EFFECTIVE DATE

September 22, 2025

REQUESTED DURATION

12 months, with reassessment

5 RELEVANT MEDICAL CONDITION

PRIMARY DIAGNOSIS

Relapsing-remitting multiple sclerosis (RRMS)

ICD-10 CODE

G35

SECONDARY DIAGNOSIS

MS-related fatigue and cognitive dysfunction; heat intolerance (Uhthoff phenomenon)

FUNCTIONAL LIMITATION

Fatigue, thermosensitive symptom worsening, intermittent visual and cognitive impairment

6 CLINICAL BASIS FOR ACCOMMODATION

Medical Need:

Ms. Okafor was diagnosed with RRMS in 2020 after presenting with optic neuritis. She is maintained on ocrelizumab infusions every six months and has had two documented relapses, most recently in March 2025 involving right-sided sensory symptoms and worsening fatigue. Although currently clinically stable, she experiences predictable symptom exacerbation with heat exposure, physical exertion, and cumulative cognitive load.

Activity Limitation:

She experiences moderate-to-severe fatigue (Modified Fatigue Impact Scale consistent with significant impact), particularly in the afternoon, and heat sensitivity that transiently worsens visual acuity, coordination, and concentration. Prolonged screen work without breaks and elevated ambient temperatures reliably provoke symptoms.

Work / School / Housing Impact:

Her role requires sustained concentration, extended screen time, and occasional on-site presence in a warm open-plan office. Without accommodation, afternoon fatigue and heat-related symptom flares reduce her sustained productivity and increase error risk during the latter half of the workday.

Safety or Health Considerations:

Heat exposure and unmanaged fatigue can transiently worsen neurologic function and, over time, contribute to relapse burden. Reasonable environmental and scheduling accommodations meaningfully reduce these risks.

7 REQUESTED ACCOMMODATION

Accommodation 1:

A predominantly remote work arrangement (up to 4 days/week) to allow a temperature-controlled environment and reduce commuting-related fatigue.

Accommodation 2:

A flexible daily schedule permitting a mid-day rest break and the ability to shift start/end times to accommodate fatigue patterns, provided core collaboration hours are met.

Accommodation 3:

Two scheduled 15-minute rest breaks during on-site days and a workstation located away from direct sunlight and heat sources, with access to a fan or individual climate control.

SCHEDULE MODIFICATION

Flexible start/end times; mid-day rest period

ENVIRONMENTAL MODIFICATION

Climate-controlled, low-glare workstation

EQUIPMENT / ASSISTIVE DEVICE

Anti-glare monitor and adjustable task lighting

LEAVE / REDUCED HOURS

Intermittent leave for infusion days (every 6 months)

REMOTE / HYBRID ARRANGEMENT

Up to 4 remote days per week

8 DURATION AND REASSESSMENT

START DATE

September 22, 2025

END DATE

September 21, 2026

TEMPORARY / PERMANENT

Temporary, likely to be ongoing given chronic condition

REASSESSMENT DATE

March 2026 (at next infusion visit) and at 12 months

9 RESTRICTIONS / LIMITATIONS

PHYSICAL RESTRICTIONS

Avoid sustained exertion; limit prolonged standing in warm environments

COGNITIVE RESTRICTIONS

Minimize uninterrupted high-concentration tasks exceeding ~90 minutes

ENVIRONMENTAL RESTRICTIONS

Avoid ambient temperatures above ~75°F; minimize direct sun/heat exposure

SCHEDULE RESTRICTIONS

Avoid mandatory late-afternoon high-stakes meetings when possible

OTHER LIMITATIONS

Infusion days require a full day off approximately every six months

10 SUPPORTING DOCUMENTATION

CLINICAL NOTES

Neurology visit notes 2020–2025 available on request

THERAPY NOTES

Cognitive rehabilitation assessment, 04/2025

DIAGNOSTIC REPORTS

Brain and cervical spine MRI, 06/2025

SPECIALIST RECOMMENDATIONS

MS Center neuroimmunology treatment plan

FUNCTIONAL ASSESSMENT

Modified Fatigue Impact Scale, 08/2025

OTHER ATTACHMENTS

Infusion schedule for ocrelizumab

11 PROVIDER STATEMENT

Medical Opinion:

It is my professional medical opinion that Ms. Okafor has a well-documented chronic neurologic condition (RRMS) that substantially limits major life activities, including concentration, neurologic function, and thermoregulation. The requested accommodations are directly related to her diagnosis and functional limitations.

Accommodation Necessity:

The accommodations requested are medically necessary and reasonable, and are expected to allow her to continue performing the essential functions of her role effectively while reducing the risk of symptom exacerbation. She remains fully capable of high-quality engineering work with these supports in place.

Contact for Clarification:

I am available to discuss this request or provide additional clinical information as permitted by the patient's authorization. Please contact my office at (617) 555-0143.

CN CONFIDENTIALITY NOTICE

Protected Health Information Notice:

This letter contains protected health information disclosed with the patient's written authorization for the sole purpose of supporting her accommodation request. It should be handled confidentially and stored separately from her general personnel file.

Disclosure Limitation:

No specific diagnostic details beyond those necessary to substantiate the accommodation request should be redisclosed without the patient's further written consent.

SO SIGNATURE

PROVIDER NAME	CREDENTIALS	SIGNATURE	DATE	TIME
Stephen Vaidya, MD	MD, Neurology	Stephen Vaidya, MD	09/12/2025	15:40

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