

# Sample Physician Letter for Travel Accommodations

Date: \_\_\_\_\_

To Whom It May Concern (TSA, Airlines, Hotels, and Travel Providers):

I am writing on behalf of my patient, [Traveler's Name], who has been diagnosed with Autism Spectrum Disorder (ASD). I am a licensed [physician/psychologist/clinician] involved in their care. This letter is provided to support reasonable accommodations that help ensure safe and successful travel.

Autism can affect communication, sensory processing, anxiety regulation, and safety awareness. Busy travel environments such as airports, airplanes, hotels, and crowded public spaces can be overwhelming and may increase distress or wandering risk. With preparation and appropriate supports, individuals with autism can travel safely and successfully. Recommended accommodations include:

## ***Airport & Security Screening***

- Allow caregivers to remain with the traveler throughout screening whenever possible
- Provide extra time and use clear, simple explanations before procedures or physical contact
- Permit sensory tools, comfort items, electronics, medications, and medically necessary foods/liquids
- Consider alternative screening methods if the traveler cannot tolerate standard procedures

## ***Airline & Boarding***

- Offer early or pre-boarding to reduce crowd exposure
- Seat the traveler with caregivers
- Allow access to headphones, tablets, and comfort items during boarding and taxi
- Provide patience and flexibility if additional time or support is needed

## ***Hotel & Lodging***

- Provide a quiet room away from elevators or high-traffic areas
- Allow monitoring devices, door alarms, and safety equipment in the room
- Provide flexibility during check-in/check-out if extra time is needed

## ***General Support***

- Allow caregivers to communicate on the traveler's behalf when needed
- Use calm communication and allow additional processing time
- Recognize that distress behaviors may reflect anxiety or sensory overload, not noncompliance

Thank you for supporting accessibility, safety, and dignity for this traveler and their family. Please contact my office if further information is needed.

Sincerely,

[Signature]

[Physician Name, Credentials] [Practice Name]

[Phone Number] [Email Address]