

[Your Name]
[Company Name]
[Your Address]
[City, State, ZIP]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Position]
[Company/School Name]
[Address]
[City, State, ZIP]

Subject: Request for Reasonable Accommodations for Narcolepsy

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to provide you with information regarding my patient, [Patient's Name]'s medical condition and to request reasonable accommodations under the [relevant disability laws/regulations, such as the Americans with Disabilities Act (ADA).] [Do not have to include this statement re: ADA if you feel it is not needed].

[Patient's Name] has been diagnosed with Narcolepsy, a chronic neurological disorder that affects their sleep-wake cycle. This disorder significantly impacts their daily life and functioning. Narcolepsy is characterized by excessive daytime sleepiness, sudden loss of muscle tone (cataplexy) [if applicable], sleep paralysis, hallucinations and disrupted nighttime sleep.

As a chronic condition, Narcolepsy requires lifelong management and support. Despite [Patient's Name]'s best efforts to manage their symptoms through medication and lifestyle modifications, they still experience challenges that can affect their productivity and well-being in the work/school environment.

In light of their Narcolepsy diagnosis, I kindly request the following reasonable accommodations on their behalf to ensure equal opportunities and enable them to perform to the best of their abilities:

Flexible Work/School Hours: Flexibility to adjust their work/school schedule to accommodate their fluctuating energy levels and to allow for necessary breaks or rest periods

Scheduled Breaks: Opportunity to take short breaks as needed throughout the day to manage fatigue and maintain focus

Napping Facilities: Access to a private, quiet space where they can briefly rest or nap during the day, if necessary, to recharge and improve alertness

Assistive Technologies: Access to assistive technologies, such as screen-reading software or ergonomic equipment, to mitigate the impact of Narcolepsy-related challenges and enhance their efficiency and comfort

Priority Seating: Consideration for priority seating in the classroom, workplace, or during transportation to minimize the risk of injury or accidents caused by sudden sleep attacks

Adjusted Deadlines or Extensions: Flexibility to request adjusted deadlines or extensions on assignments or projects in situations where their symptoms significantly interfere with meeting established timelines

Awareness and Training: Relevant personnel, including supervisors, teachers, and colleagues, receive education and training about Narcolepsy to foster understanding, reduce stigma, and promote a supportive environment

I understand that these accommodations may need to be discussed further to ensure their feasibility and alignment with the specific requirements of their work/school setting. I am willing to engage in a discussion and provide any additional information or medical documentation necessary to support my request.

I hope that by implementing these reasonable accommodations, we can create an environment that allows [Patient's Name] to contribute their skills and knowledge effectively while managing the challenges posed by Narcolepsy.

I sincerely appreciate your attention to this matter and your support in facilitating the requested accommodations. With these adjustments, [Patient's Name] hopes to thrive in their work/school environment and make valuable contributions to the [company/school name].

Thank you for your time and understanding. I look forward to collaborating with you to find suitable solutions. Please do not hesitate to contact me to arrange a meeting or discuss any additional information required.

Yours sincerely,
[Your Name]