

504 Accommodations Letter for Syncope (Sample)

Date

Address

To Whom It May Concern:

Individual's name is a patient of ours at *name of medical practice*. We are working with this patient to manage episodes of light headedness and/or fainting and would appreciate 504 accommodations to help.

Accommodations should include permission to 1) carry a water bottle and drink from it throughout the day, 2) use the bathroom when necessary 3) sit down and put head between the knees when feeling faint - or lie down if necessary.

Please let me know if you have any questions or concerns. I can be reached at *contact information*.

Sincerely,