

Date

Dear \_\_\_\_\_,

My name is \_\_\_\_\_ and I have a  
scheduled on \_\_\_\_\_ at \_\_\_\_\_ am/pm in the  
department/clinic.

I have elevated risk factors for severe COVID-19 disease as recognized by the Government of Canada. <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/people-high-risk-for-severe-illness-covid-19.html>

I respectfully request the following accommodations, which can be provided without undue hardship, to ensure that I have meaningful access to my medical services without adverse impact to my health:

1. All health care workers providing my care must at all times be masked in N95 masks;
2. I will be permitted to wear a N95 mask or elastomeric mask of my choosing in the \_\_\_\_\_ ;
3. I will be permitted to monitor the ventilation in the room and to bring and use standalone True HEPA filters to filter the air if in my opinion the ventilation is inadequate.
4. Health care workers providing my care will refrain from the use of harassing or discriminatory speech directed at me and will not make complaints about the necessity of wearing a mask in my presence.

Add any other accommodations required below:

Please confirm in writing that you will make arrangements to meet these accommodations for me by

Regards,