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## **Sample Letter to Document Disability From Primary Care Physician To Vocational Rehabilitation**

Date

TO: NAME OF VR COUNSELOR  
Office of Rehabilitation Services  
ADDRESS  
CITY, STATE

FROM: DOCTOR's NAME (its better if this is on the physician's letterhead)

RE: John (XXXXXX) XXXXXXX, Age 18, DOB XX/XX/1986  
Phone: XXX-XXX-XXXX  
Graduate of XXXXXX High School as of June 9, 2004

Dear NAME OF VR COUNSELOR,

The purpose of this letter is to document significant chronic health conditions that impair activities of daily living for XXXXXXX - XXXXXXX. I have been his primary care physician for 18 years.

XXXXXX's health issues and their effect on school and potential employment do meet the definition of disability by Utah's Vocational Rehabilitation criteria [Title 53A Chapter 24, 102(3)] and ADA and Section 504 requirements (see fact sheet on last page).

### **SIGNIFICANT HEALTH IMPAIRMENTS**

- Endocrine System - TYPE ONE DIABETES
- Digestive System - ULCERATIVE COLITIS
- Immune System - ANKYLOSING SPONDYLITIS

**CONFIDENTIALITY SAFEGUARDS** - In compliance with HIPAA confidentiality mandates permission for this personal health information has been obtained by the patient, and as such this letter should be treated as highly confidential records and not shared without the patient's permission.

What follows is an overview of the health issues that XXXXXX lives with. Enclosed are relevant reports and findings of recent and past health related medical testing.

### **TRAINING FOR EMPLOYMENT & IMPORTANT OF HEALTH CARE BENEFITS**

It is important to consider what XXXXXX could do to meet his potential, live independently, and remain as healthy as possible. XXXXXX is a very bright young man who has displayed numerous talents in music, art, writing, literature, and science.

Given his educational performance, intellectual abilities and aspirations, he certainly has the potential to do well in competitive employment through post-secondary college courses - if supported. It will be essential that career development be aimed at stable; well-paying jobs that offer comprehensive benefits to assure maintain health status and financial independence.

In sum, I believe that offering XXXXXX financial and technology support through the Office of Rehabilitative Services would ensure not only employability but also would support all important aspects of independent living and optimal quality of life. Please contact me if you require further information.

Sincerely,

XXXXXXXXXX, M.D.  
Etc.

1. **TYPE ONE DIABETES**, ICD-9 CODE: 250.01, Diagnosed: 1998; age 12 years

*Health Impact to XXXXXX* – He requires daily insulin, strict dietary management, and daily/hourly monitoring and management of blood sugar levels. He has been hospitalized several times, either for severe hypoglycemia or ketoacidosis.

2. **ULCERATIVE COLITIS**, ICD-9 CODE: 556.9, Diagnosed: Diagnosed 2000; age 14 years  
XXXXXX required surgery for this. He had a colectomy.

*Health Impact to XXXXXX* – Although he technically no longer has ulcerative colitis due to the absence of a colon, he continues to suffer from acute episodes of pouchitis. Symptoms, including steadily increasing stool frequency that may be accompanied by incontinence, bleeding, fever and/or feeling of urgency. Most cases can be treated with a short course of antibiotics. Additionally, absence of a colon causes problems with nutritional absorption and is associated with XXXXXX's below-average weight.

3. **ANKYLOSING SPONDYLITIS**, ICD-9 CODE: 720.0, Diagnosed: 2000; age 14 years

*Health Impact to XXXXXX* – his degenerative spinal arthritis that causes episodes of severe pain and limitations on his physical capabilities, requiring medication and a physical therapy regime for management.

#### **ACCOMMODATIONS REQUIRED – SCHOOL /EMPLOYMENT TRAINING/PREPARATION**

In order to maximize XXXXXX's performance level that will not jeopardize health status, some accommodations and modifications are required:

1. **DAILY MONITORING**- XXXXXX's diabetes management requires that he be able to take frequent breaks when the need arises to a) treat low blood sugars, b) use the restroom, c) test his glucose levels, and d) administer insulin. Although XXXXXX's diabetes management has been relatively stable, the presence of additional autoimmune diseases puts his future diabetes management and long-term health at risk.
2. **WATER INTAKE & BATHROOM BREAKS** - XXXXXX's lack of a colon causes him to use the restroom frequently, and he must drink a large amount of water throughout the day to prevent dehydration.
3. **LIMIT PHYSICAL EXERTION** - His ankylosing spondylitis causes him days with severe back pain, making rigorous activity very painful. Tasks requiring heavy lifting or having to sit or stand for a prolonged period of time without breaks exacerbate his condition and are harmful to his spine. Class schedules and location of classrooms, time needed to change travel to next class need to be evaluated. There may be a need for additional accommodations in the future, such as mobility assistance, elevator use, use of laptop or cell phone to alleviate unnecessary physical travel.
4. **ATTENDANCE** - Episodes of severe hypoglycemia or ketoacidosis, pouchitis infections, and severe spinal pain can result in XXXXXX's need for additional sick days to treat the accompanying fever, diarrhea, and abdominal pain. Teachers will need to allow for increased time to make up schoolwork or other forms of instruction if absenteeism is due to noted health issues.
5. **ACCOMMODATIONS** - XXXXXX has had a 504 plan in place at school (K-12) to ensure these accommodations have been allowed. The individualized employment plan / individual written rehabilitation plan, that will be developed between VR and XXXXXX will need to specify needed accommodations. While in college, XXXXXX will need to coordinate accommodations (health, learning and testing) for maximized performance with the Disability Resource Centers on campus.