



SAMPLE PHYSICAN LETTER

If you live in an apartment and are suffering from second-hand smoke coming into your home from neighbouring units, it's likely that you are experiencing symptoms related to breathing the smoke on a frequent and on-going basis. If you suffer from an existing chronic health condition or illness, it could also be making your condition worse.

If you have been unable to stop the smoke from entering your home, you may want to consider asking your landlord to take steps to address the problem or accommodate your illness.

A letter from your doctor or health-care provider will help to prove to your landlord that the smoke is significantly interfering with your health and interfering with the occupancy of your unit.

Ask your doctor to include some of the information provided below (in the table on the next page) in a letter to your landlord to support your request for assistance in reducing or eliminating the smoke from your home to protect your health.

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ISSUE:	SAMPLE INFORMATION:
<p>Qualifications of the health care provider.</p>	<p>State the name, title and qualifications of the health-care provider.</p>
<p>Nature of the contact with you.</p>	<p>State the name of the patient, the type of condition and the duration of the medical contact.</p>
<p>Identify the disabling condition and how it limits your patient in one or more major life activities.</p>	<p>Detail the nature of the condition, and how the second-hand smoke impacts the person. If the patient has asthma, indicate the types of triggers that must be avoided, such as second-hand smoke. Indicate if the asthma limits any of his/her daily activities.</p>
<p>Describe the patient's limitations due to the disability or condition.</p>	<p>Provide examples of the everyday activities, such as breathing or exercising, that are negatively impacted by the condition.</p>
<p>Identify the symptoms that seem to be caused by exposure to second-hand smoke.</p>	<p>Describe if you have noticed deterioration in the patient's health since the patient has been exposed to smoke at home.</p>
<p>Describe how the accommodation that the patient is requesting is necessary to afford him/her full occupancy of the unit.</p>	<p>List the increased symptoms that have been noticed. For example, if there has been an increase in asthma symptoms such as:</p> <ul style="list-style-type: none"> • an increase in the frequency and severity of asthma symptoms. • reduced lung capacity as measured by a peak flow meter. • increased use of medications to open up airways.
<p>Relate the requested accommodation to the limitation(s) caused by the disabling condition.</p>	<p>State it is important that the patient avoid all contact with second-hand smoke, or it is likely that the condition will worsen and could result in hospitalization.</p>
<p>Relate the requested accommodation to the limitation(s) caused by the disabling condition.</p>	<p>Ask the physician or health-care provider to state support for the patient's request for accommodation, indicating that the proposed solution would reduce the symptoms caused or worsened by the smoke.</p>