

[Your 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 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].

I have been diagnosed with Narcolepsy, a chronic neurological disorder that affects my sleep-wake cycle. This disorder significantly impacts my 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 my best efforts to manage my symptoms through medication and lifestyle modifications, I still experience challenges that can affect my productivity and well-being in the work/school environment.

In light of my Narcolepsy diagnosis, I kindly request the following reasonable accommodations to ensure equal opportunities and enable me to perform to the best of my abilities:

[] Flexible Work/School Hours: I request the flexibility to adjust my work/school schedule to accommodate my fluctuating energy levels and to allow for necessary breaks or rest periods.

[] Scheduled Breaks: I request the opportunity to take short breaks as needed throughout the day to manage fatigue and maintain focus.

[] Napping Facilities: I request access to a private, quiet space where I can briefly rest or nap during the day, if necessary, to recharge and improve alertness.

[] Assistive Technologies: I request access to assistive technologies, such as screen-reading software or ergonomic equipment, to mitigate the impact of Narcolepsy-related challenges and enhance my efficiency and comfort.

[] Priority Seating: I request 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: I request the flexibility to request adjusted deadlines or extensions on assignments or projects in situations where my symptoms significantly interfere with meeting established timelines.

[] Awareness and Training: I request that 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 my 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 me to contribute my 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, I hope to thrive in my 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]