



This letter serves to document the medical condition of my patient:

_____, DOB: _____.

This patient has the following diagnosis and ICD-10 code:

_____.

Due to sensory/cognitive issues, this patient is struggling with wearing a mask consistently. Since mask wearing is an essential component of protection against COVID-19 transmission, I would prefer that the patient keep the mask on for as much of the day as possible. However, as it is important for the patient to remain in educational programming, I respectfully ask you to allow the patient to remain if masking cannot be tolerated. Thank you in advance for your attention to this matter.