Date 2021

To Whom It May Concern:

I am writing this letter on behalf of Patient Name (DOB XX/XX/XX), a patient in my pediatric practice.

Name is a X years old with an intellectual or developmental disability based on the following diagnoses:

Hunter Syndrome (MPSII)

Hearing Loss

Speech Delay

Recipient of a Bone Marrow Transplant

As the parent(s) of a child with intellectual or developmental disabilities, Parent’s name(s) should qualify as health care workers and receive the COVID-19 vaccine within Phase 1A.

Please feel free to contact me if I can be of further assistance.

 Sincerely,

 Doctor Name, MD