

NOTE FOR USER:

Patients do not have to have multiple allergic co-morbidities to be supplied with a support letter. Any significant condition is important. Added issues, such as ADHD or significant anxiety etc. can and should be added. If psychosocial issues are added, seek consent first.

The letter is shared with the patient to review and then it is for them to take this to the school/university etc.

This letter is intended as a guide. It is expected that you delete/insert items as necessary for your patients.

This letter is intended to address adjustments in relation to education / exams.

Separate letters should address meal adjustments in education settings for food allergic patients or workplace adjustments.

Headed departmental paper

TO WHOM IT MAY CONCERN

**Re: Knut Al Lergy, d.o.b. 01.04.93
21 Sesame Street, Fishguard, Wales, GA D C1**

NAME has been attending the allergy service at HOSPITAL for XX years with the following allergic conditions:

[delete as necessary multiple immediate food allergies, delayed / non-IgE food allergies, allergic eczema, asthma, significant rhinoconjunctivitis (hay fever) - seasonal (tree pollen, grass pollen, weed pollen) and / or all-year-round (house dust mite, animal dander, mould)].

These conditions have multiple symptoms which can significantly impact on sleep quality, ability to concentrate and may require treatment during lessons and exams thus particularly affecting THEM at SCHOOL/COLLEGE/UNIVERSITY, and will likely disadvantage THEM during THEIR exams. In addition, these conditions fluctuate depending on the season and the level of stress and/or sleep—disruption which means they tend flare during exam seasons (which are during the peak of the tree and grass pollen seasons).

During the pollen season, which for NAME is most significant between MONTH and MONTH, THEIR symptoms can have a substantial and adverse effect on THEIR ability to carry out day to day activities. These effects are more than trivial. Any of their conditions affecting their nose, eyes, lungs and skin can flare up. The adverse effect on NAME must be considered and cannot be ignored or discounted.

NAME's symptoms that are likely to flare up during exams include.... *Free text...*

The adjustment[s] suggested below can only assist in going some way to assisting NAME. As per section 5 of the JCQ Guidelines, an initial trial of supervised rest breaks should be considered and evaluated due to NAME's medical conditions (as above). These medical conditions result in sensory and physical needs as well as potential social, emotional and mental health needs (as per section 5.1.1) *delete / adjust as per the patient's needs*. NAME may also need time to take some additional medication during their exam such as nasal spray, antihistamine or to apply eczema medications. These could be done during rest breaks.

As per section 5.2.3 of the JCQ guidelines, NAME may also require extra time due to his / her sensory /physical needs or social, emotional and mental health needs ***delete / adjust as per patients' needs*** relating to their medical diagnosis if they impact on speed of working. Please accept this letter as specialist evidence from a medical consultant confirming the impact of their medical diagnosis.

(if workplace letter required, then adjust; advise occupational health assessment, seek further advice relating to occupational allergens if necessary)

I support that NAME should have adjustments, such as e.g. additional time, time to use THEIR treatments and if feasible access to an air-conditioned room with less exposure to pollen during exams. Whilst it is hoped this will not be necessary in the most extreme of cases it may well be necessary for an exam to be rescheduled on a date and time to be agreed, as soon as possible after the original scheduled exam date as per section 5.1.3 of the JCQ Guidelines.

(rest breaks, laptop and other adjustments also possible – add if necessary)

If you have any queries, please do not hesitate to contact me via my secretary on 0123456789

Yours sincerely

Consultant / Lead Clinician