

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Position]
[Company/Organization Name]
[Company Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request accommodations in the workplace due to my medical condition, lymphedema. This condition affects my [specific areas affected], leading to [brief description of how it impacts your work].

To manage my symptoms effectively and maintain productivity, I would like to request the following accommodations:

1. [Accommodation 1: e.g., an ergonomic work desk to elevate my legs]
2. [Accommodation 2: e.g., flexible work hours to attend medical appointments]
3. [Accommodation 3: e.g., access to a quiet space where I can elevate my limbs during breaks]

I believe these accommodations will enable me to perform my job more effectively while managing my condition. I am willing to discuss this matter further and provide any necessary documentation from my healthcare provider.

Thank you for considering my request. I look forward to your positive response.

Sincerely,
[Your Name]