



Letter to Employer From Employee With Primary Immunodeficiency

Dear _____,

I have a type of primary immunodeficiency known as _____.
This condition is genetic, is not contagious, and does not pose any risk to my colleagues.

This deficiency affects my body's immune system and leaves it incomplete. I am at higher risk of serious infections, such as pneumonia, meningitis, or bronchitis, if my condition is not effectively controlled.

I need to receive appropriate treatment in a timely manner to control this condition, prevent complications, and lead a normal lifestyle. Therefore, I may occasionally need to leave work to get an infusion of replacement antibodies, which is an integral part of my regular prescribed therapy to strengthen my immune system and prevent infections. This should generally not require me to be away from work more than twice monthly for treatments.

My job is very important to me, and I will certainly make up any time that I miss to receive my treatment. I look forward to discussing a work arrangement with you that will ensure that I meet all of my responsibilities while receiving my vital treatments. I would like to discuss if I am eligible for the Family Leave Act.

Please let me know if you have any questions or concerns. I appreciate your consideration in this matter and fully intend to remain a productive and valuable employee.

Sincerely,

To Whom It May Concern:

This is to confirm that _____ (name of patient) has a primary immunodeficiency (PI). PI is a genetic immune system condition that can result in severe infections. Treatment could include periodic infusions of immunoglobulin (immune system booster). Appropriate treatment of any illness (such as an infection) must be addressed immediately to prevent complications.

Physician Signature

Date