

Sample Physician Letter

To: Whom It May Concern

Re: (Patient/tenant's Name)

I, (Professional's name) am a (doctor/healthcare professional, etc.) with (name of facility). I have treated (patient/tenant's name) since (date) for a (type of) condition.

(Patient/tenant's name) has a disabling condition which is exacerbated by their exposure to secondhand smoke. These (symptoms) substantially limit him/her in one or more major activities of his/her life. Some of these major activities include (sleeping, eating, working and breathing).

It is necessary for my patient, your tenant, to have full safety and enjoyment of his/her housing unit. Secondhand smoke can create or worsen health problems for people exposed to it.

- There is no risk-free level of exposure to secondhand smoke.
- An estimated 53,000 deaths each year result from secondhand smoke, which continues to be a leading cause of preventable death in the United States.
- Secondhand smoke seeps through light fixtures, electrical outlets, ventilation systems and doorways.

I am concerned about my patient's health due to the exposure of secondhand smoke, and I encourage you to provide a smokefree environment for my patient as well as all your tenants.

Sincerely,

(Physician's Name)



Questions? Contact Us! 1-907-891-7443