

Workplace Accommodation Requests for Long COVID

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*NOTE: The information below is designed to assist with the determining and documenting **workplace accommodation requests**. It does not include documentation and assessment requirements for State and Federal disability benefit applications (SSDI, etc.), long-term disability leave, or other assistance programs, which may be different.*

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The Americans with Disabilities Act (ADA) has a specific **definition of disability: a physical or mental impairment that substantially limits a major life activity**.

Employers covered under the ADA must provide reasonable accommodations for employees with disabilities. When the disability is not obvious, an employer can require medical documentation that the disability exists. Health care providers often play a key role by providing sufficient medical documentation in support of a patient's request for reasonable accommodations.

In many cases, a letter from a health care provider may be sufficient, although processes and forms for accommodation requests are not standardized and can vary greatly between employers. The resources below are intended to increase understanding of sufficient documentation and common workplace accommodations for long COVID while reducing back-and-forth between the health care provider, the patient, and the employer.

Letters for accommodation requests and associated paperwork should be completed in collaboration with the patient, who best understands their limitations and the impacts on their job duties. This increases the request's feasibility, relevance, and chances for success.

Tips

- Expect the process to be interactive and ongoing, as employers may expect periodic updates, and many patients will need to adjust their accommodations or scale them up or down over time.
- To the extent possible, help patients to retain their current employment.
- Collaborate with the patient to understand the impact of their symptoms on daily life, resulting limitations at work, and which workplace accommodations could help them fulfill their essential job duties and retain employment.

- Start by asking the patient if they have requested or received any paperwork from their employer. Some may have official forms to fill out. The process and paperwork for requesting accommodations are not standardized across employers.
- For some employers, a letter from a health care provider will be sufficient documentation. Always provide letters on an official letterhead (template below).
- Be specific without disclosing unnecessary information.
- Use plain language (such as “shortness of breath” in place of “dyspnea”) and offer to address questions from the employer (with the patient’s permission).

In general, when working with long COVID patients:

- Be mindful of post-exertional malaise and severe fatigue. A subset of patients may need a strict pacing regimen to stabilize or improve recovery. “Pushing through” their symptoms may significantly worsen their condition. This is consistent with other post-infection conditions such as myalgic encephalomyelitis/chronic fatigue syndrome.
- Believe patients – do not minimize or dismiss their concerns. Recognize that different people have different ways of describing their symptoms or how they are feeling, especially women, people of color, and non-English speakers who have experienced previous bias, stigma, or medical trauma.
- Be transparent and open with patients about diagnostic uncertainty. Recognize that they might feel worried or scared about their health and their ability to retain their job. Reflect on how you will respond and convey information.

Frequently Asked Questions

[What is the definition of a disability?](#)

[What is a “major life activity”?](#)

[What is a “reasonable accommodation”?](#)

[Do I need to disclose an official diagnosis of long COVID?](#)

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[How should I document symptoms that are episodic or relapsing/remitting?](#)

Q: What is the definition of a disability?

A: The Americans with Disabilities Act (ADA) defines disability as “a physical or mental impairment that substantially limits a major life activity.” A patient who meets this definition can qualify for reasonable workplace accommodations under the ADA.

Q: What is a “major life activity”?

A: Major life activities can include but are not limited to: caring for oneself (basic hygiene), performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working.

Disability can also include impacts on bodily functions, such as impairments of the immune, urinary, gastrointestinal, endocrine, respiratory, cardiovascular, musculoskeletal, lymphatic, or neurological systems (this is not an exhaustive list).

Q: What is a “reasonable accommodation”?

A: A reasonable accommodation is a change to a job, the work environment, or the way things are usually done that enables an individual with a disability to enjoy equal employment opportunities.

Accommodations may be as-needed, temporary, or long-term. They can vary greatly depending on the specific limitations an employee has, their job duties, and the work environment. Some examples of accommodations include a modified work schedule, gradual return to work, rest breaks, use of tools for memory or concentration, or restructuring a job to remove marginal tasks.

Not all accommodation requests are considered reasonable. For example, employers do not have to remove essential job functions, lower production or performance standards, or provide personal need items such as hearing aids. In addition, employers do not have to provide any accommodation that creates an “undue hardship,” meaning it would be unduly costly, extensive, substantial, disruptive, or would fundamentally alter the nature or operation of the business. Determination of undue hardship varies based on several factors unique to the employer.

If an employer decides that a recommended accommodation will result in undue hardship, they should work with the employee to find alternatives.

Q: Do I need to disclose an official diagnosis of long COVID?

A: Not necessarily, and a long COVID diagnosis alone will not qualify someone for accommodations.

Focus first on documenting the patient’s impairment(s), their severity, and duration when possible, and what modifications would enable them to continue performing their essential job functions.

Because of the stigmatization of long COVID, many patients prefer that their diagnosis *not* be disclosed. In many cases, a more general statement about the medical condition (“prolonged recovery from acute illness”) may suffice. It is possible, however, that the employer will insist on having an official diagnosis to deem the documentation sufficient.

If an employer demands a diagnosis but you do not feel there is sufficient evidence to make one, explain that the diagnosis is not final but that it is likely long COVID (assuming it is), provide information about the limitations that create the need for the accommodation, and offer to follow up when the diagnosis is determined.

Of note, once the employer has medical documentation, the ADA strictly limits how and when employers can use, store, and disclose the information.

Q: What level of detail is required when writing an accommodation letter or filling out associated paperwork?

A: When possible, be specific when describing the patient’s limitations, impacts on essential job duties, and your suggested accommodations. Include quantitative information, such as how many hours the patient can stand at a time, weight they can safely lift, reduction in work hours, distance they can walk before being limited by fatigue or shortness of breath, etc. Specify assistive devices and tools. It can also be helpful to note the expected duration of the accommodation and/or a timeline for follow-up or re-evaluation (see next question).

However, only disclose information to the employer that relates to the impairments affecting the patient's job functions and the accommodations that are being suggested. It is also important not to remove any essential functions of the patient's job, but rather provide suggestions for enabling them to complete those functions.

If the patient can no longer fulfill their essential job functions, reassignment to a vacant position or a leave of absence may be suggested but should be considered a last resort. Conditions and policies will vary by employer.

Q: How should I document duration if it is unclear how long the limitations may last?

A: Focus on documenting the current limitations. You can note how long they are likely to last (temporary, as in weeks or months; long-term, as in many months or years; or permanent), and/or state that recovery is variable, and it is not yet known how long the patient's disability will last. Then provide a specific date or timeline for re-evaluation or follow-up, such as every 4 weeks. This indicates a concrete plan to work with the patient going forward.

If the patient's condition improves, accommodations should be scaled back accordingly. The employer can request updates from the health care provider regarding the employee's limitations and ongoing need for accommodation or not. However, they only need to document the existence of the disability one time.

Q: How should I document symptoms that are episodic or relapsing/remitting?

If symptoms are episodic or relapsing/remitting, consider limitations when symptoms are at their worst. Limitations do not need to be constant or permanent for someone to qualify for workplace accommodations.

Letter Template

Workplace accommodation requests or “workability” letters should be written in collaboration with the patient – they know their essential job duties and limitations best. The fillable template below is meant to be a starting point. **Tips:** Provide the letter on official, professional letterhead. This can help ensure that the medical documentation is deemed sufficient and may save time. You do not need to include the diagnosis unless the employer requires it, but always be specific when describing the patient’s limitations and your suggested accommodations. Include quantitative information (maximum time standing, lifting restrictions, specific tools, etc.) where possible.

Dear **Employer Name**:

I am treating **Patient Name** for a prolonged recovery from an acute illness, which has resulted in **[list debilitating symptoms, such as dizziness, shortness of breath, profound fatigue, cognitive issues, etc., or list the major bodily systems impacted]**. When active, these symptoms cause substantial limitations in major life activities, including **[list activity(s) impacted, such as standing, bending, lifting, concentrating, remembering, etc.]**.

Because of the patient’s limitations, they are having difficulty in their role as **[job title]** and need accommodation. We discussed the situation and came up with the following accommodation ideas:

- **[List accommodation ideas here, and briefly explain how each will address the work-related problem.]**
- **Example A: Because of Patient X’s concentration problems, she is having difficulty completing work tasks on time. I recommend reducing distractions by relocating her workspace away from busy areas and providing noise-cancelling headphones.]**
- **Example B: Because of Patient X’s shortness of breath, he is having difficulty moving boxes in the warehouse. I recommend a restriction of lifting no more than 25 pounds, pushing/pulling no more than 50 pounds, and no overhead work. Accommodations that might be helpful include a height-adjustable lifting device, a small lightweight ladder, and enlisting help moving heavier boxes.]**
- **Example C: Because of Patient X’s recurring headaches, she is having difficulty reading her computer screen. One accommodation that might be useful for her computer access is screen reading software.]**

If these accommodations cannot be provided, please let **Patient Name** know so that we can discuss alternatives.

Recovery from acute illness can vary from person to person. The accommodations above may be temporary, need to be adjusted, or scaled up or down over time. I will follow up with **Patient Name [on specific date or within specific timeframe]**.

Sincerely,

Medical Professional’s Signature

Medical Professional’s Name

Accommodation Ideas

Questions to Consider:

1. What limitations is the patient experiencing?
2. How do these limitations affect the employee's job performance?
3. What specific job tasks are problematic because of these limitations?
4. What accommodations are available to reduce or eliminate these problems?

Key Accommodations based on symptoms:

General/common accommodations

- Allow a gradual return to work/full hours
- Allow telework/work from home
- Allow a flexible schedule (adjusting start/end times, modified break schedule, allowing work when employee is most mentally alert, etc.)
- Provide memory aids or allow the use of apps for concentration, memory, and organization
- Allow rest breaks (specify number, frequency, and/or duration if applicable)
- Provide a quiet workspace without interruptions
- Provide mobility support (scooter, parking accommodation)
- Reduce the physical demands of the job (specify lifting, pulling, and/or overhead work restrictions such as maximum weight and duration of restriction)

Shortness of breath or difficulty breathing

- Reduce the physical demands of the job (specify restrictions)
- Allow rest breaks (specify number, frequency, and/or duration if applicable)
- Reduce workplace triggers (specify triggers, such as bright light, heat, noise, etc.)
- Allow time for medical treatment such as use of a nebulizer or inhaler
- Restructure the job to remove marginal job functions
- Develop a plan of action to deal with sudden exacerbations
- Allow telework/work from home
- Allow leave for treatment

Tiredness or fatigue

- Allow rest breaks (specify number, frequency, and/or duration if applicable)
- Provide an ergonomic workstation (specify equipment)
- Allow a flexible schedule (adjusting start/end times, modified break schedule, allowing work when employee is most mentally alert, etc.)
- Restructure the job to remove marginal job functions
- Allow telework/work from home

Difficulty thinking or concentrating (sometimes called "brain fog")

- Provide a quiet workspace
- Allow use of noise cancellation or white noise
- Provide uninterrupted work time
- Provide memory aids such as flowcharts and checklists
- Allow the use of apps for concentration, memory, and organization
- Allow rest breaks (specify number, frequency, and/or duration if applicable)

- Restructure the job to remove marginal functions to allow focus on essential job duties
- Allow telework/work from home

Depression or anxiety

- Allow a flexible schedule (adjusting start/end times, modified break schedule, allowing work when employee is most mentally alert, etc.)
- Allow rest breaks (specify number, frequency, and/or duration if applicable)
- Provide a rest area/private space to manage symptoms
- Allow a support animal
- Allow a support person
- Identify and reduce workplace triggers (specify triggers, such as bright light, heat, noise, etc.)
- Allow leave for treatment (specify frequency and/or duration if applicable)

Insomnia

- Allow rest breaks to take quick naps (specify number, frequency, and/or duration if applicable)
- Allow a flexible schedule (adjusting start/end times, modified break schedule, allowing work when employee is most mentally alert, etc.)
- Keep the workstation temperature on the cool side
- Allow cold drinks at the workstation
- Allow telework/work from home

Fast-beating or pounding heart (known as heart palpitations)

- Allow rest breaks (specify number, frequency, and/or duration if applicable)
- Control the workstation temperature (specify temperature)
- Provide an ergonomic workstation (specify equipment)
- Allow drinks at the workstation
- Develop a plan of action to deal with sudden exacerbations
- Allow telework/work from home
- Allow leave for treatment

Joint or muscle pain

- Allow rest breaks (specify number, frequency, and/or duration if applicable)
- Reduce the physical demands of the job (specify restrictions)
- Provide an ergonomic workstation (specify equipment)
- Allow a flexible schedule (adjusting start/end times, modified break schedule, allowing work when employee is most mentally alert, etc.)
- Restructure the job to remove marginal job functions
- Allow telework/work from home
- Allow leave for treatment

Headache

- Reduce workplace triggers (specify triggers, such as bright light, heat, noise, etc.)
- Provide alternative lighting
- Reduce glare
- Allow a flexible schedule (adjusting start/end times, modified break schedule, allowing work when employee is most mentally alert, etc.)
- Allow telework/work from home

Visit [JAN - Job Accommodation Network](#) for additional resources. JAN also provides free, one-on-one consultation to employees and employers: 800-526-7234, or go to www.askjan.org.

Additional Resources

- **More for health care providers:**
 - [JAN: Practical Guidance for Medical Professionals](#) – on how to provide sufficient medical documentation in support of a patient's accommodation request.
 - [JAN: ADA: Accommodation and Compliance](#) – includes definitions.
 - [Minnesota Department of Health \(MDH\): For Health Care Providers: Post-COVID Conditions](#) – interim guidance and more.
- **For patients/after-visit summaries:**
 - *From JAN:*
 - JAN provides free, one-on-one consultation to employees and employers: 800-526-7234, or go to www.askjan.org.
 - [JAN: Dealing with Improper Requests for Medical Documentation from an Employer](#) – what employers can and cannot request and how to handle improper requests.
 - [JAN: Requesting and Negotiating a Reasonable Accommodation](#) – how employees can start the conversation with their employer.
 - [JAN: Information for individuals](#) – includes general rights under the ADA, discrimination, and more
 - *Other resources:*
 - [Minnesota Department of Health: Long COVID: Resources & Support](#)
 - [ADA Minnesota](#) – provides free technical assistance and expertise about ADA compliance.
 - [MN Association of Centers for Independent Living \(CILs\)](#) – Federally-funded regional and local CILs can help coordinate services, arrange accessible transportation, locate or provide mobility equipment, and more. A person does not have to identify as having a disability to utilize CILs.
 - [Disability Hub MN](#) – free statewide resource network and service navigation.
 - [Administration for Community Living: Resources for People with Long COVID](#) – roundup of resources and guidance.
 - *For managing symptoms at home:*
 - [World Health Organization: Support for rehabilitation: Self-management after COVID-19-related illness](#) – Advice for adults who are recovering from COVID-19. Written by rehabilitation professionals in consultation with people recovering from long COVID. Includes tips for pacing and monitoring for post-exertional malaise.
 - [Pacing & Management Guides | #MEAction](#) - Tips for recognizing post-exertional malaise, monitoring symptoms, and prioritizing rest and activities.
 - *Federal information about Long COVID as a disability:*
 - [U.S. Equal Employment Opportunity Commission \(EEOC\): What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws, section N.](#)
 - [EEOC: Enforcement Guidance on Disability-Related Inquiries and Medical Examinations of Employees under the ADA](#)
 - [HHS and U.S. Department of Justice \(DOJ\) Guidance on "Long COVID" as a Disability Under the ADA \(titles II and III\), Section 504, and Section 1557.](#)

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