

[Healthcare Provider Letterhead]

**Date:** [Date]

**To:** [Employer Name / Human Resources Department]

**Re:** Pregnancy Accommodation for [Employee Name]

Dear [Recipient Name or Human Resources],

I am the treating healthcare provider for [Employee Name]. This letter serves to confirm that my patient is currently pregnant with an estimated due date of [Date].

Due to her pregnancy, it is medically necessary for her to observe a lifting restriction to ensure a healthy pregnancy and prevent complications. Please implement the following workplace accommodation:

**Restriction:** The employee is restricted from lifting, carrying, pushing, or pulling any objects weighing more than [Number] pounds.

**Duration:** This restriction is effective immediately and is expected to remain in place until [Date or "the end of her pregnancy"].

Please let us know if you require any further documentation to facilitate this accommodation under the Pregnancy Workers Fairness Act (PWFA) or relevant local laws.

Sincerely,

[Signature]

[Provider Name, Title]  
[Medical Facility Name]  
[Phone Number]