

[Physician Name/Medical Clinic Name]
[Address]
[City, State, Zip Code]
[Phone Number]

[Date]

To: [Employer Name/Human Resources Department]
[Company Name]
[Address]

RE: Medical Necessity for Pregnancy-Related Workplace Accommodations

To Whom It May Concern,

I am the treating physician for [Employee Name], who is currently under my care for pregnancy-related medical management. Her estimated due date is [Date].

Due to her pregnancy and related medical conditions, [Employee Name] requires certain temporary workplace accommodations to maintain a healthy pregnancy and perform her job duties safely. I am recommending the following restrictions and/or modifications effective [Start Date] through [Expected End Date/Delivery]:

- [Example: Frequent rest breaks or seated work options]
- [Example: Limitation on lifting more than X pounds]
- [Example: Access to water and snacks at the workstation]
- [Example: Modification of work schedule for prenatal appointments]
- [Example: Avoidance of exposure to specific chemicals or extreme temperatures]

These accommodations are medically necessary. Please contact my office if you require further clarification regarding these clinical recommendations.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]
[Medical License Number]