[Date]

[Employee Name]
[Employee Address]
[City, State, Zip Code]

Re: Termination of Employment due to Medical Inability to Perform Duties

Dear [Employee Name],

As previously discussed on [Date of last meeting], we have carefully reviewed your current medical status and the requirements of your position as [Job Title].

Based on the medical documentation provided by [Medical Professional/Provider Name] dated [Date], it has been determined that you are unable to perform the essential functions of your role. We have explored potential reasonable accommodations; however, we have concluded that no such accommodations are available that would allow you to continue your duties without causing undue hardship to the company's operations.

Therefore, we regret to inform you that your employment with [Company Name] is being terminated effective [Last Day of Employment].

Information regarding your final pay, accrued leave, and benefits, including [COBRA/Health Insurance] and retirement plans, is enclosed with this letter. Please return all company property, including [Keys/Laptop/ID Badge], by [Date].

We thank you for your service to [Company Name] and wish you the best in your recovery and future endeavors.

Sincerely,

[Your Name]
[Your Title]
[Company Name]