

[Physician Name, MD/DO]
[Medical Practice Name]
[Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Employer Name]
[Company Name]
[Address]
[City, State, Zip Code]

RE: Medical Retirement Recommendation for [Patient Name]
Date of Birth: [Patient DOB]

To Whom It May Concern,

I am the treating physician for [Patient Name], who has been under my care since [Date]. This letter serves as a formal medical endorsement for [Patient Name]'s immediate medical retirement.

[Patient Name] has been diagnosed with [Medical Condition/Chronic Illness]. Due to the progressive nature of this condition, they are experiencing significant functional limitations, including [List 2-3 specific limitations, e.g., inability to sit for extended periods, cognitive fatigue, or physical strain].

After a thorough clinical evaluation and a review of their job requirements as a [Job Title], it is my professional medical opinion that [Patient Name] is no longer capable of performing the essential functions of their position, even with reasonable accommodations. Continued employment poses a significant risk to their health and safety.

Therefore, I strongly recommend that [Patient Name] be granted medical retirement effective [Date].

Please feel free to contact my office if you require further documentation or clinical verification regarding this recommendation.

Sincerely,

[Physician Signature]

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