

**Date:** [Date]

**To:** [Employer Name/HR Department]

**Company:** [Company Name]

**Address:** [Company Address]

**Subject: Medical Clearance and Workplace Accommodations for [Employee Name]**

Dear [Recipient Name or HR Manager],

I am the treating physician for [Employee Name], who is currently under my care for a seizure disorder. This letter serves to provide medical clearance for the employee to perform their professional duties, provided that specific reasonable accommodations are met to ensure workplace safety.

**Current Status:**

The employee is medically stable and cleared to work with the following restrictions/requirements:

**Requested Accommodations:**

- [e.g., Avoidance of flickering/strobe lights or high-contrast patterns]
- [e.g., Consistent work schedule to maintain regular sleep patterns]
- [e.g., Permission to take short breaks if aura symptoms occur]
- [e.g., Minimal exposure to extreme temperatures or heights]
- [e.g., Specific workstation modifications]

**Emergency Protocol:**

In the event of a seizure during work hours, the following actions should be taken: [Insert brief emergency instructions, e.g., time the seizure, clear the area, do not restrain].

**Duration:**

These accommodations should remain in place until [Date or "Indefinitely"]. We will re-evaluate the employee's status on [Follow-up Date].

If you have any questions regarding these medical recommendations or require further clarification, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Medical License Number]

[Clinic/Hospital Name]