

**Date:** [Date]

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

**From:** [Physician Name, MD/DO/NP/PA]

**Subject:** Letter of Medical Necessity for Workplace Accommodation

**Patient Name:** [Patient Name]

**Date of Birth:** [Patient DOB]

To Whom It May Concern,

I am the treating provider for [Patient Name]. Due to a diagnosed medical condition, specifically [Diagnosis/Condition, e.g., Chronic Lower Back Pain, Plantar Fasciitis, or Venous Insufficiency], this patient requires a reasonable workplace accommodation to perform their duties as a Triage Nurse safely and effectively.

The role of a Triage Nurse requires extended periods of standing on hard surfaces. Without proper support, this exacerbated the patient's symptoms of [mention symptoms, e.g., severe joint pain, swelling, or fatigue], which may lead to further physical degradation or injury.

**Recommended Accommodation:**

I am prescribing the use of a high-quality, medical-grade anti-fatigue mat at the patient's workstation. This equipment is medically necessary to reduce impact stress on the [back/legs/feet] and to improve circulation while the patient is standing.

This accommodation is required [permanently / for the next X months]. Please feel free to contact my office at [Phone Number] if you require further documentation or clarification regarding this medical necessity.

Sincerely,

[Physician Signature]

[Physician Printed Name]

[Medical License Number]

[Practice Name/Clinic]