

Date: [Date]

To: [Employer Name/Human Resources Department]

From: [Physician's Name, Degree]

Subject: Letter of Medical Necessity for Workplace Accommodation

To Whom It May Concern,

I am the treating physician for [Employee Name], who is currently employed as a Scheduling Coordinator at [Company Name]. [Employee Name] has a medical condition that affects their [mention affected area, e.g., cervical spine, neck muscles, or neurological system].

Due to this condition, the patient experiences [symptoms, e.g., chronic pain, reduced range of motion, or nerve compression] when performing repetitive tasks that involve cradling a traditional telephone handset between the shoulder and ear.

As a Scheduling Coordinator, the patient's primary duties require high-volume telephonic communication while simultaneously inputting data into a computer. To prevent further injury and alleviate physical strain, I am prescribing a high-quality, hands-free wireless headset as a medically necessary workplace accommodation.

This ergonomic intervention will allow the patient to maintain a neutral spine position and perform their essential job functions without exacerbating their medical condition. This accommodation should be implemented on a permanent basis.

Please feel free to contact my office at [Phone Number] if you require further clarification regarding this medical necessity.

Sincerely,

[Physician Signature]

[Physician Name, Printed]

[Medical License Number]

[Practice Name/Clinic]