

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

To: [Employer Name / Human Resources Department]
Re: Reasonable Accommodation for [Patient Name]
Date of Birth: [Patient DOB]

To Whom It May Concern,

I am the treating physician for [Patient Name]. Due to a diagnosed medical condition, [Patient Name] has physical limitations that impact their ability to perform laboratory tasks at a standard-height fixed workstation.

Specifically, the patient experiences [mention symptoms, e.g., chronic back pain, musculoskeletal strain, or restricted mobility] when required to remain in a static position for extended periods. To mitigate these symptoms and prevent further injury, it is medically necessary for the patient to have an ergonomic workspace that allows for frequent postural changes.

I am recommending a **height-adjustable workbench** as a formal workplace accommodation. This equipment will allow the patient to:

- Switch between sitting and standing positions while performing precise laboratory tasks.
- Properly align their spine and neck to reduce strain during microscopy, pipetting, or computer work.
- Maintain the functional capacity required to fulfill their duties as a Laboratory Technician.

This accommodation is a medical necessity to ensure the patient's health and safety in the workplace. Please feel free to contact my office if you require further clinical documentation or clarification.

Sincerely,

[Physician Signature]
[Physician Printed Name]
[Medical License Number]