[Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]

Date: [Date]

To Whom It May Concern,

Patient Name: [Patient Full Name]
Date of Birth: [Date of Birth]

This letter serves to certify that the above-named patient is currently under my care following a recent surgical procedure performed on [Date of Surgery].

Due to the nature of the surgery and the requirements for a safe recovery, I am mandating a medical exemption regarding the use of stairs. It is medically necessary for the patient to avoid climbing stairs to prevent surgical site complications, ensure proper healing, and reduce the risk of injury or falls.

This medical restriction is effective immediately and is expected to remain in place until [Expected End Date or "Further Notice"]. During this period, the patient requires access to an elevator or ground-floor accommodations.

If you have any questions or require additional information, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

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