[Professional Letterhead or Clinic Name]
[Provider Name, Credentials]
[Address Line 1]
[Address Line 2]
[Phone Number]
[Email Address]

[Date]

To Whom It May Concern:

I am writing this letter in my professional capacity as a [Job Title, e.g., Licensed Clinical Social Worker / Psychologist / Psychiatrist] for [Patient Name], born on [Patient Date of Birth]. [Patient Name] has been under my professional care since [Start Date of Treatment].

I am intimately familiar with the patient's medical history and the functional limitations imposed by their mental health condition. [Patient Name] is diagnosed with [Diagnosis Name/ICD-10 Code], which is a recognized mental health disorder under the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

Due to this condition, the patient experiences substantial limitations in the following major life activities: [List activities, e.g., concentrating, interacting with others, sleeping, or working].

Specifically, these symptoms impact the patient's ability to [Describe specific work or school limitations, e.g., maintain a regular schedule or handle high-stress environments]. Based on my clinical assessment, the patient meets the criteria for a disability as defined by [Applicable Law, e.g., the Americans with Disabilities Act (ADA)].

In order to mitigate these symptoms and allow the patient to function effectively, I recommend the following reasonable accommodations:

- [Accommodation 1]
- [Accommodation 2]

These accommodations are medically necessary to support the patient's health and stability. This certification is valid until [End Date or "Indefinitely"].

Should you require any further information or clarification regarding this certification, please feel free to contact my office.

Sincerely,

[Signature]
[Printed Name]
[License Number]
[State of Licensure]