

Date: [Insert Date]

To: [Recipient Name/HR Department]

Company: [Company Name]

Address: [Company Address]

Subject: Medical Accommodation Prescription for Extended Breaks

Dear [Recipient Name],

I am writing to you in my capacity as the healthcare provider for [Employee Name]. [Employee Name] is currently under my care for a medical condition that requires a specific workplace accommodation.

To manage their condition effectively and ensure their health and safety while performing their job duties, I am prescribing an accommodation for extended or additional breaks during the workday. Specifically, I recommend the following:

- **Frequency:** [Number] breaks per [Workday/Shift]
- **Duration:** [Number] minutes per break
- **Purpose:** [Optional: e.g., To administer medication, monitor blood sugar, or manage physical symptoms]

This medical necessity is expected to be required from [Start Date] until [End Date/Permanent]. These breaks are essential for the patient to maintain the stamina and health required to perform the essential functions of their position.

Please let us know if you require any additional documentation or if there is a specific form that needs to be completed to formalize this accommodation.

Thank you for your cooperation in supporting [Employee Name]'s health and professional productivity.

Sincerely,

[Physician Signature]

[Physician Name, Title]

[Medical License Number]

[Clinic/Hospital Name]

[Phone Number]