

**[Provider Letterhead]**

**[Date]**

To Whom It May Concern,

I am the **[treating physician, nurse practitioner, health care professional, etc.]** for **[Patient]**.

**[Patient]** has a limitation related to **[pregnancy, childbirth, specific condition related to pregnancy/childbirth]** that requires accommodation. Specifically, **[state limitation here, ex: cannot lift more than 5lbs, cannot stand for more than an hour without 15 minutes of sitting, etc.]**.

**[Patient]** is able to continue working with a reasonable accommodation.

I recommend **[Patient]** be provided with the following accommodations **[list and describe requested accommodations, including preferred accommodations along with any potential alternatives to the preferred accommodations]**.

The limitations begin on **[Date]**. At this time, I anticipate that **[Patient]** will need these accommodations for the stated limitation until **[estimated end date of accommodation]**.

Thank you,  
**[Provider Signature]**



**Questions?**

For **free advice** for patients and health care providers, contact First Shift Justice Project at [intake@firstshift.org](mailto:intake@firstshift.org) or (202) 644-9043.