Sample of Medical Documentation

(Letter needs to be on Doctor’s Letterhead)

To whom it may concern:
I certify that my patient ________ has a disability based on a medical condition that places them at a significantly higher risk for serious infection and even death from the COVID-19 virus. Based on this pre-existing condition and the circumstances of the current pandemic, they has the following work restrictions: ______________. I have reviewed the essential job functions for her position, and the COVID-19 related health risks in their work environment, and I certify that she is medically able to do the essential job functions with the following accommodations: _____________.