

Medical Certification of Disability
(Employment & Tax Purposes)

To Whom It May Concern,

I am a licensed medical provider currently treating Anthony [Last Name].

Anthony has a mental health condition that qualifies as a disability under applicable federal and California law, including the Americans with Disabilities Act (ADA) and the California Fair Employment and Housing Act (FEHA).

This condition substantially limits one or more major life activities, specifically the ability to work in high-interaction or socially intensive environments. The condition is ongoing and is expected to last longer than 12 months.

Anthony is capable of working, provided that reasonable accommodations are in place. Medically necessary accommodations include:

- Remote-only work arrangements
- Primarily asynchronous communication (e.g., written communication rather than real-time meetings)
- Minimal required social interaction
- Reduced exposure to high-stress interpersonal environments

These accommodations allow Anthony to perform essential job functions effectively while managing their disability.

This letter is provided for employment accommodation and tax documentation purposes only. No additional medical details are required or authorized for disclosure.

Sincerely,

[Provider Name, Degree]

[Practice / Clinic Name]

[License Number]

[Signature]

[Date]