[Physician Name]
[Clinic/Hospital Name]
[Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Employer Name/HR Department]
[Company Name]
[Address]
[City, State, Zip Code]

RE: Physician Narrative Statement for [Patient/Employee Full Name]
Date of Birth: [DOB]

To Whom It May Concern,

I am the attending physician for [Patient Name], who has been under my care since [Date]. This letter serves as a narrative supplement to the formal medical certification form regarding the patient's serious health condition under the Family and Medical Leave Act (FMLA) or applicable disability leave policies.

Diagnosis and Clinical Findings:
The patient is currently being treated for [Diagnosis/Condition - note: ensure compliance with privacy laws]. This condition is characterized by [Brief description of symptoms or functional limitations]. Based on my clinical examination and recent diagnostic tests, the patient's condition qualifies as a serious health condition requiring [continuous/intermittent] medical intervention.

Necessity of Leave:
Due to the nature of this condition, it is medically necessary for the patient to be absent from work. During these periods, the patient is unable to perform the essential functions of their job, specifically [List specific physical or cognitive limitations, e.g., lifting, prolonged sitting, concentration].

Duration and Frequency:
I estimate that the patient will require leave beginning on [Start Date] and ending on or about [End Date]. If leave is intermittent, the patient may experience episodes of incapacity occurring approximately [Number] times per month, lasting [Duration] per episode.

Treatment Plan:
The current treatment plan includes [Briefly mention frequency of appointments or therapy], which will require the patient's absence from the workplace during scheduled sessions.

Should you require further clarification regarding the medical necessity of this leave, please contact my office directly.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]
[Medical License Number]
[Specialty]