

Date: [Date]

To: [Employer Name/HR Department]

Company Address: [Company Street Address, City, State, Zip]

Subject: Physician Certification for FMLA Medical Leave Extension

Patient Name: [Patient Full Name]

Patient Date of Birth: [DOB]

Dear [HR Contact Name or Leave Administrator],

I am the treating physician for [Patient Name]. This letter serves as formal medical certification to support a request for an extension of the patient's current FMLA medical leave of absence.

The patient is currently under my care for a serious health condition as defined by the Family and Medical Leave Act (FMLA). Due to ongoing medical necessity and the nature of the patient's recovery process, it is my professional medical opinion that the patient is unable to perform the essential functions of their job at this time.

Current Leave Status:

- **Original Leave End Date:** [Original Date]
- **Extended Leave End Date:** [New Projected Return Date]

The patient will require continued full-time leave through the date listed above. We will re-evaluate the patient's condition on [Date of Next Appointment] to determine if they are fit to return to work or if further restrictions will be necessary.

If you require additional information regarding this certification, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Printed Name]

[Medical Specialty/Title]

[Clinic/Hospital Name]

[Phone Number]