

Date: [Insert Date]

To: [Employer Name/Human Resources Department]

Company: [Company Name]

Address: [Company Address]

Subject: Medical Certification for Maternity Leave

Dear [Recipient Name],

This letter is to certify that my patient, **[Employee Name]**, is under my medical care for pregnancy.

The patient's estimated date of delivery is **[Insert Expected Due Date]**. Based on this date and her current medical status, I recommend that her maternity leave commence on **[Insert Start Date]**.

It is anticipated that the patient will require a recovery period of approximately **[Insert Number of Weeks, e.g., 6 to 8]** weeks following the birth. Pending an uncomplicated delivery and recovery, she is expected to be medically cleared to return to work on or about **[Insert Return Date]**.

Please feel free to contact my office at [Insert Phone Number] if you require any further information or clarification regarding this certification.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Medical Practice/Clinic Name]

[Medical License Number]