

**Date:** [Insert Date]

**To:** [Recipient Name/Employer Name/Insurance Provider]

**Subject:** Medical Certification of Expected Date of Delivery

To Whom It May Concern,

This letter is to formally certify that [**Patient Name**], date of birth [**Patient Date of Birth**], is currently under my professional medical care for pregnancy.

Based on clinical evaluation and diagnostic testing, the patient's estimated date of delivery (EDD) is [**Insert Date**].

It is recommended that the patient begins maternity leave on or around [**Insert Suggested Start Date**], or as medically necessary depending on the progression of the pregnancy and the nature of her employment duties.

If you require any further information or additional documentation, please do not hesitate to contact my office.

Sincerely,

[Signature of Medical Professional]  
**[Printed Name of Doctor/Midwife]**  
[Medical License Number]  
[Clinic/Hospital Name]  
[Phone Number]  
[Email Address]