

[Doctor's Name/Medical Practice Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]

[Date]

To [Employer Name/Human Resources Department],

Re: Medical Certification for Extended Maternity Leave

Patient Name: [Employee Full Name]

Date of Birth: [Employee Date of Birth]

This letter serves to certify that [Employee Name] is currently under my professional care for pregnancy-related medical concerns and/or postpartum recovery.

Due to [specific medical complications / the need for continued recovery / maternal health requirements], I am recommending an extension of her current maternity leave. It is my professional medical opinion that she is unable to perform her regular job duties at this time.

The requested extension period is as follows:

- **Original Return to Work Date:** [Original Date]
- **New Estimated Return to Work Date:** [New Date]

I will re-evaluate the patient's condition prior to the new return date. Please provide the necessary accommodations to support her recovery during this extended period.

Should you require any further information or clarification, please feel free to contact my office directly.

Sincerely,

[Doctor's Signature]
[Doctor's Printed Name]
[Medical License Number]