

Date: [Date]

To: [Employer Name/Human Resources Department]

Company: [Company Name]

Address: [Company Address]

Subject: Medical Certification for Extension of Maternity Leave

Dear [Recipient Name or HR Department],

I am writing in my capacity as the healthcare provider for [Employee Name].

This letter serves to certify that [Employee Name] is currently under my care following her recent pregnancy and delivery. Due to [mention general medical reason, e.g., postpartum complications, recovery requirements, or infant health needs], it is my medical recommendation that her current maternity leave be extended.

The patient was originally scheduled to return to work on [Original Return Date]. However, I am requesting an extension of [Number of Days/Weeks]. Her new anticipated return-to-work date is [New Return Date].

During this period, [Employee Name] requires continued rest and medical supervision to ensure a full recovery. I will re-evaluate her condition prior to the new return date to confirm she is fit to resume her professional duties.

If you require any further clarification or documentation regarding this medical necessity, please contact my office directly at [Phone Number].

Sincerely,

[Doctor Signature]

[Doctor Name, Title]

[Medical Facility/Clinic Name]

[License Number]

[Contact Information]