

MEDICAL CERTIFICATION FOR PATERNITY LEAVE

Date: [Date]

To: [Employer Name/HR Department]

Company: [Company Name]

Address: [Company Address]

Subject: Medical Certification of Birth / Expected Childbirth

To Whom It May Concern,

This letter serves to certify that [Patient Name/Mother's Name] is under my medical care for pregnancy and childbirth.

I can confirm the following details regarding the patient:

- **Expected Date of Delivery (EDD):** [Date]
- **Actual Date of Delivery (if applicable):** [Date]

It is medically necessary for the partner, [Employee Name], to be available to provide care and support to the mother and newborn during the postpartum recovery period.

The recommended duration for this support period is from [Start Date] to [End Date].

If you require any further information, please feel free to contact my office.

Sincerely,

[Doctor Signature]

[Doctor Name, MD/DO]

[Medical License Number]

[Clinic/Hospital Name]

[Phone Number]

[Email Address]