

**Date:** [Date]

**To:** [Employer Name/HR Department]

**Company:** [Company Name]

**Address:** [Company Address]

**RE: Medical Certification for Paternity Leave**

To Whom It May Concern,

This letter serves as medical certification that my patient, **[Employee Name]**, is requesting paternity leave following the birth of their child.

The child was born on **[Date of Birth]**. As the primary physician for the mother/newborn, I certify that **[Employee Name]**'s presence is required for the care of the infant and the recovery of the mother during the postpartum period.

I recommend that **[Employee Name]** be granted leave starting from **[Start Date]**. It is anticipated that they will be able to return to work on **[Return Date]**.

Please contact my office at **[Phone Number]** if you require any further information or clarification regarding this medical certification.

Sincerely,

**Signature:** \_\_\_\_\_

**Physician Name:** [Doctor's Full Name, MD/DO]

**Medical License Number:** [License Number]

**Facility Name:** [Hospital/Clinic Name]

**Phone:** [Phone Number]