

**Date:** [Date]

**To:** [Employer Name/Human Resources Department]

**Company:** [Company Name]

**Address:** [Company Address]

**Subject: Medical Certification for Postpartum Recovery Support**

To Whom It May Concern,

I am writing to certify that my patient, **[Mother's Name]**, gave birth on **[Date of Birth]** and is currently under my medical care for postpartum recovery.

Due to the physical and medical requirements of the recovery process, it is medically necessary for her partner, **[Employee Name]**, to be present to provide essential care and assistance. This support includes monitoring for medical complications, assisting with mobility, and providing care for the newborn while the mother recovers.

I recommend that [Employee Name] be granted paternity/family leave starting from **[Start Date]** through **[End Date]**. A follow-up evaluation is scheduled for [Date] to determine if further leave is required.

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

Sincerely,

**[Physician Name/Signature]**

[Medical License Number]

[Clinic/Hospital Name]

[Phone Number]