

[Physician Name]
[Clinic/Hospital Name]
[Address]
[City, State, Zip Code]
[Phone Number]

[Date]

To Whom It May Concern,

I am writing to provide medical certification regarding the medical necessity for [Employee Name] to take paternity leave to care for his spouse, [Spouse Name].

[Spouse Name] is currently under my care following the birth of their child on [Date of Birth/Expected Delivery Date]. Due to [Specific Reason: e.g., Cesarean section recovery, complications during delivery, or high-risk postpartum recovery], she requires assistance with basic medical needs, physical mobility, and the care of their newborn.

It is my medical recommendation that [Employee Name] be present to provide essential physical and psychological support for a period of [Number of Weeks/Days], beginning [Start Date] and ending [End Date].

This support is necessary for the patient's safe recovery and the well-being of the infant.

If you require further information, please contact my office.

Sincerely,

[Physician Signature]

[Physician Printed Name]
[Medical License Number]