

Date: [Date]

To: [Employer Name/HR Department]

Company: [Company Name]

Address: [Company Address]

Subject: Medical Certificate for Paternity Leave

To Whom It May Concern,

This is to certify that [**Mother's Name**] is currently under my medical care for pregnancy and childbirth. She is expected to deliver / has delivered on [**Date of Delivery/Expected Delivery**].

Due to the medical requirements of maternal recovery and the necessity of newborn care, it is recommended that [**Employee Name**], the father/partner, be granted paternity leave to provide essential support and assistance at home.

The suggested period for this leave is from [**Start Date**] to [**End Date**].

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

Sincerely,

[Doctor's Signature]

[Doctor's Name, MD]

[Medical License Number]

[Clinic/Hospital Name]

[Phone Number]