

Date: [Insert Date]

To: [Employer Name / Human Resources Department]

Company: [Company Name]

Address: [Company Address]

RE: MEDICAL VERIFICATION FOR PATERNITY LEAVE (PREMATURE BIRTH)

To whom it may concern,

This letter serves to formally certify that **[Employee Name]** is the father of a child born prematurely on **[Date of Birth]** at **[Hospital Name]**.

The infant was born at **[Number]** weeks gestation and is currently receiving specialized care in the Neonatal Intensive Care Unit (NICU). Due to the medical complications associated with this premature birth, the infant requires constant monitoring and parental presence.

Furthermore, the mother, **[Mother's Name]**, is recovering from **[Optional: emergency surgery / specific medical complications]** related to the delivery and requires the assistance and support of the father during this critical recovery period.

In light of these medical circumstances, I recommend that **[Employee Name]** be granted paternity leave starting from **[Start Date]**. The anticipated duration of this leave is **[Number of Weeks/Months]**, subject to the health status of both the infant and the mother.

Should you require any further information or medical documentation, please do not hesitate to contact our office.

Sincerely,

[Doctor's Signature]

[Doctor's Name, MD/DO]

[Medical License Number]

[Department/Hospital Name]

[Contact Phone Number]