Date: [Insert Date]

To: [Employer Name/Human Resources Department]
From: [Physician Name/Medical Practice Name]
Subject: Physician Certification for Parental Bonding Leave

Patient Name: [Parent Name]
Patient Date of Birth: [Parent Date of Birth]

This letter serves to certify that my patient, [Parent Name], is the parent of a child [born on / placed for adoption or foster care on] [Date of Birth/Placement].

Due to the birth or placement of this child, I am recommending a period of leave for the purpose of parental bonding and newborn/child care. The anticipated duration for this leave is from [Start Date] through [End Date].

The patient is expected to be able to return to full duty on [Return to Work Date].

If you require any further medical documentation or have questions regarding this certification, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]
[Medical License Number]
[Clinic/Hospital Name]
[Address]
[Phone Number]