Date: [Date]

To: [Employer Name/Human Resources Department]
Company: [Company Name]
Address: [Company Address]

Subject: Medical Verification for FMLA Newborn Bonding Leave

To Whom It May Concern,

This letter serves as medical verification for **[Employee Name]** regarding their request for leave under the Family and Medical Leave Act (FMLA) for the purpose of bonding with a newborn child.

I can confirm that **[Parent Name]** and **[Parent Name]** welcomed a child on the following date:

Date of Birth: [Insert Date of Birth]

Under FMLA guidelines, the employee is eligible to take leave to bond with their newborn within one year of the birth. The estimated period of leave requested is from **[Start Date]** to **[End Date]**.

Should you require any additional information regarding the birth verification, please contact my office at [Phone Number].

Sincerely,

[Signature of Medical Provider]
[Printed Name of Medical Provider]
[Title/Medical Credentials]
[Name of Healthcare Facility]
[Contact Information]