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

Date: [Date]

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

Re: Medical Certification for Extended Newborn Bonding Leave

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

To Whom It May Concern,

I am the healthcare provider for [Patient Name]. This letter serves to certify the medical necessity for my patient to take an extended leave of absence from work for the purpose of newborn bonding and recovery.

The patient's child was born on [Child's Date of Birth]. Due to [select one: specific medical complications / the physical and mental health requirements of postpartum recovery / the developmental needs of the infant], I am recommending an extension of the standard bonding leave period.

I recommend that [Patient Name] remain on leave until [Expected Return Date]. During this time, the patient is unable to perform their professional duties as they require full-time participation in the care and bonding process essential for the health of both the parent and the infant.

Please provide [Patient Name] with the necessary accommodations and job protection as required by [FMLA / State Law / Company Policy].

If you require any further information, please contact my office directly.

Sincerely,

[Signature of Healthcare Provider]

[Printed Name of Healthcare Provider]
[Medical License Number]
[Clinic Stamp/Seal]