Date: [Date]

To: [Employer Name/Human Resources Department]
From: [Physician/Provider Name]
Facility Name: [Clinic/Hospital Name]
Phone Number: [Phone Number]

Subject: Postpartum Medical Clearance for Bonding Leave

Patient Name: [Patient Full Name]
Date of Birth: [Patient DOB]
Date of Delivery: [Date of Delivery]

To Whom It May Concern,

I am writing to provide medical clearance for my patient, [Patient Name], following her recent delivery. [Patient Name] has completed her initial postpartum recovery period and is medically stable.

As of [Date], she is cleared to transition from pregnancy-related disability leave to **Bonding Leave** (Parental Leave). She no longer has physical restrictions preventing her from caring for her newborn; however, this clearance pertains specifically to her eligibility to begin the bonding portion of her leave as per your company policy or state regulations.

Her anticipated return-to-work date is [Date of Return], or as determined by her allotted bonding leave duration.

If you require any further medical documentation, please contact our office directly.

Sincerely,

[Signature of Medical Provider]
[Printed Name of Medical Provider]
[Medical License Number]