

Date: [Date]

To: [Employer Name / Human Resources Department]

From: [Medical Provider Name/Clinic Name]

Subject: Ongoing Certification of Chronic Serious Health Condition

Patient Name: [Patient Full Name]

Patient Date of Birth: [DOB]

To Whom It May Concern,

This letter serves as an ongoing medical certification for the above-named patient regarding their chronic serious health condition. I am a licensed healthcare provider currently treating [Patient Name] for a condition that qualifies under the Family and Medical Leave Act (FMLA) and/or applicable state leave laws.

Condition Details:

The patient has a chronic serious health condition that requires periodic treatments and may result in episodes of incapacity. This condition is long-term and requires continuing supervision by a healthcare provider.

Duration and Frequency:

At this time, the condition is expected to be permanent/long-term. The patient will require ongoing care for at least the next [Number] months. Based on the patient's medical history, it is estimated that the patient will experience flare-ups or require treatment approximately [Number] times per [Week/Month], with each episode lasting [Number] days.

Work Restrictions and Accommodations:

During episodes of incapacity or treatment, the patient is unable to perform the essential functions of their job. Intermittent leave is medically necessary for the patient to manage their symptoms and attend required medical appointments.

I certify that the information provided is based on my clinical evaluation of the patient. Please contact my office at [Phone Number] if you require further clarification.

Sincerely,

[Signature of Medical Provider]

[Printed Name of Medical Provider]

[Medical License Number]

[Clinic/Facility Name]