

Date: [Insert Date]

To: [Recipient Name/Organization Name]

Address: [Recipient Address]

Subject: Ongoing Medical Certification for [Patient Full Name]

Dear [Recipient Name/Human Resources Department],

I am writing in my capacity as the treating physician for [Patient Full Name], born on [Patient Date of Birth]. This letter serves as an ongoing certification of a long-term serious medical condition that requires continuing care and workplace/academic accommodations.

Diagnosis and Duration:

The patient is currently being treated for a chronic and serious medical condition. This condition is long-term in nature and began on [Original Diagnosis Date]. At this time, the condition is expected to persist for [Estimated Duration, e.g., an indefinite period/the next 12 months].

Medical Necessity:

Due to this condition, the patient requires regular medical treatments and monitoring. The symptoms of this condition frequently result in periods of incapacity and necessitate the following:

- [Insert specific requirement, e.g., Periodic leave for flare-ups]
- [Insert specific requirement, e.g., Reduced work schedule]
- [Insert specific requirement, e.g., Specialized ergonomic equipment]

Frequency of Care:

The patient is required to attend follow-up appointments and treatments approximately [Number] times per [Week/Month].

Physician's Conclusion:

Based on the patient's current medical status, it is my professional opinion that they are unable to perform essential functions without the aforementioned accommodations. This certification should remain valid until [Recertification Date] or until there is a significant change in the patient's medical status.

Please contact my office at [Phone Number] if further verification or documentation is required.

Sincerely,

[Physician Signature]

[Physician Name, Title]

[Medical License Number]

[Clinic/Hospital Name]
[Contact Information]