[Date]

[Employee Name]
[Employee ID]
[Address]
[City, State, Zip Code]

Re: Final Determination of FMLA Medical Certification - Third Opinion Resolution

Dear [Employee Name],

This letter is to inform you of the final determination regarding your request for Family and Medical Leave Act (FMLA) leave, following the third medical opinion conducted on [Date of Examination] by [Name of Third Opinion Physician].

As you are aware, a disagreement existed between the initial medical certification provided by your health care provider and the second opinion obtained by [Clinic Name]. In accordance with FMLA regulations, [Clinic Name] requested a third and binding medical opinion from a health care provider mutually agreed upon by both you and the clinic.

The third opinion physician has determined the following:

[Insert summary of physician's finding: e.g., The condition qualifies as a serious health condition / The condition does not qualify as a serious health condition / The duration and frequency of leave should be...]

Based on this binding third opinion, your FMLA request is:

[APPROVED / DENIED]

Next Steps:

- If approved: Your leave will be designated as FMLA leave effective [Date]. Please adhere to the clinic's standard call-in procedures for all absences.
- If denied: Your absences starting [Date] will not be protected under FMLA and will be subject to the clinic's standard attendance and leave policies.

A copy of the third opinion medical report is enclosed for your records. If you have any questions regarding this final determination, please contact the Human Resources Department at [Phone Number] or [Email Address].

Sincerely,

[Signature]
[Name of HR Representative]

[Title]
[Clinic Name]

Enclosure: Third Opinion Medical Certification Report