[Date]

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

Re: FMLA Medical Certification - Third Opinion Resolution

Dear [Employee Name],

This letter follows the third medical opinion evaluation conducted by [Name of Third Opinion Physician] on [Date of Examination]. As previously communicated, this third opinion was sought to resolve the conflict between your primary healthcare provider's certification and the second opinion provided by the company-selected physician.

Per the Family and Medical Leave Act (FMLA) regulations, the third medical opinion is final and binding for both the employer and the employee. The findings of [Name of Third Opinion Physician] are as follows:

[Insert Summary of Medical Findings, e.g., The physician determined that you are fit for full duty / The physician determined that leave is only required for 2 days per month / The physician determined that you are unable to perform essential functions until (Date)].

Based on this binding medical resolution, your FMLA leave designation is being modified as follows:

- **Modified Leave Status:** [e.g., Approved, Partially Denied, or Revised Schedule]
- **New End Date / Return to Work Date:** [Date]
- **Modified Frequency/Duration (if intermittent):** [Details]

Please note that any absences taken outside of these parameters may not be protected under the FMLA and will be subject to our standard attendance policy. You are expected to return to work on [Date] at [Time].

If your medical condition changes significantly in the future, you may be required to provide updated medical certification. Please contact [Name of HR Contact] at [Phone Number] if you have any questions regarding this modification.

Sincerely,

[Signature]
[Name of Sender]
[Title]
[Company Name]