[Date]

[Employee Name]
[Employee ID]
[Home Address]

Subject: 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. As you are aware, because the first and second medical opinions differed, **[Clinic/Organization Name]** required a third medical opinion to resolve the conflict, as permitted under the FMLA regulations.

On **[Date of Appointment]**, you were examined by **[Name of Third Opinion Physician]**. We have received the results of this independent medical evaluation. Under FMLA guidelines, the opinion of the third healthcare provider is final and binding on both you and the clinic.

Final Determination:

Based on the third opinion, your FMLA request is: **[Select: APPROVED / DENIED]**.

Details of Resolution:
The third-party medical professional determined that: **[Insert summary of the doctor's finding regarding the serious health condition and the necessity of leave]**.

Next Steps:

- **If Approved:** Your leave is designated as FMLA beginning **[Start Date]**. Please ensure you follow all standard clinic call-in procedures for absences.
- **If Denied:** Your absences will not be protected under FMLA. You are expected to return to your regular work schedule on **[Return Date]**. Failure to report to work may result in disciplinary action according to clinic policy.

If you have any questions regarding this final determination or your leave status, please contact the Human Resources Department at **[Phone Number]** or **[Email Address]**.

Sincerely,

[Your Name]
[Your Title]
[Clinic/Organization Name]