[Date]

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

Re: Final Determination - FMLA Medical Certification Third Opinion

Dear [Employee Name],

As you are aware, [Company Name] requested a third and binding medical opinion regarding your Family and Medical Leave Act (FMLA) certification because the initial certification and the second medical opinion were in conflict.

On [Date], you were examined by Dr. [Doctor's Name], a healthcare provider jointly selected by both you and the company. The purpose of this examination was to provide a final resolution regarding [the existence of a serious health condition / your ability to perform essential job functions / the necessity of intermittent leave].

Based on the clinical findings of this third opinion, the medical determination is as follows:

[Insert Summary of Doctor's Conclusion: e.g., The condition qualifies as a serious health condition under FMLA / The condition does not meet FMLA criteria.]

Final Status of FMLA Request:

Pursuant to 29 CFR $ 825.307(c), the opinion of the third healthcare provider is final and binding. Consequently, your request for FMLA leave is hereby:

[ ] **APPROVED.** Your leave will be designated as FMLA leave effective [Date]. Please adhere to all standard notice and reporting procedures.

[ ] **DENIED.** Your request does not meet the requirements for FMLA leave. Any absences related to this request will be handled in accordance with the company's standard attendance and leave policies.

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]