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

[Date]

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

Re: Final Determination of FMLA Medical Certification (Third Opinion)

Dear [Employee Name],

This letter serves as formal notification regarding the final determination of your Family and Medical Leave Act (FMLA) certification. As you are aware, a disagreement existed between the initial medical certification provided by your healthcare provider and the second opinion obtained by [Company Name].

In accordance with FMLA regulations, a third medical opinion was sought from [Name of Third Opinion Physician]. As agreed upon, this third opinion is final and binding for both you and [Company Name].

The results of the third opinion dated [Date of Exam] are as follows:

[Insert Summary of Physician's Findings - e.g., The physician has determined that a serious health condition exists / does not exist that qualifies for FMLA leave.]

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

[ ] **APPROVED:** Your leave is approved for the period of [Start Date] to [End Date]. Please ensure you follow all standard company reporting procedures during your absence.

[ ] **DENIED:** Your leave request is denied because the third opinion did not certify a qualifying serious health condition. You are expected to report to work as scheduled on [Date]. Failure to report may result in [Policy Consequence].

A copy of the third opinion medical report is enclosed for your records.

If you have any questions regarding this final determination, please contact [HR Contact Name] at [Phone Number].

Sincerely,

[Signature]
[Name of HR Representative]
[Title]

Enclosure: Third Opinion Medical Report