**Date:** [Date]

**To:** [Employer Name / HR Department]
**From:** [Physician Name/Clinic Name]
**Subject:** Pregnancy Disability Certification

To Whom It May Concern,

I am the treating physician for **[Patient Full Name]**. This letter serves to certify that my patient is currently under my care for pregnancy-related medical conditions.

Due to these conditions, the patient is considered temporarily disabled and is unable to perform her regular job duties. Please find the certification details below:

- **Start Date of Disability:** [Start Date]
- **Estimated End Date:** [Expected Return Date]
- **Reason for Leave:** Pregnancy, childbirth, and/or related medical conditions.

The patient is expected to remain under these restrictions until she is medically cleared to return to work. I will re-evaluate her condition at her postpartum follow-up appointment on [Date of Appointment].

If you require any further information or clarification regarding this medical certification, please contact my office at [Phone Number].

Sincerely,

[Signature]
[Physician Name, MD/DO]
[Medical License Number]
[Clinic Address]