Date: [Insert Date]

To: [Employer Name/HR Department]
Company: [Company Name]
Address: [Company Address]

Subject: Medical Certification for FMLA Caregiver Leave

To Whom It May Concern,

I am writing this letter in my capacity as the healthcare provider for **[Patient Name]**. This letter serves to certify that the patient has a serious health condition that requires professional medical care and assistance with daily activities.

Patient Relation to Employee: [e.g., Parent, Spouse, Child]
Employee Name: [Name of Employee requesting leave]

Medical Facts:

- The patient's condition began on or about: [Start Date]
- The duration of the condition is expected to last until: [End Date or "Indefinite"]
- The patient requires assistance for: [e.g., basic medical needs, hygiene, nutritional needs, safety, or transportation to medical appointments].

Required Leave Schedule:

[Select one and complete]

- The employee will need a continuous block of leave from [Start Date] to [End Date].
- The employee will need an intermittent leave schedule of approximately [Number] hours per week/month.

I certify that it is medically necessary for the employee named above to provide care for the patient during the period indicated.

If you require further clarification regarding this certification, please contact my office during business hours.

Sincerely,

[Physician Signature]
[Physician Name and Title]
[Medical Practice Name]
[Phone Number]