Date: [Insert Date]

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

Subject: Medical Certification for Short-Term Caregiver Leave

Dear [Name of Contact Person or HR Manager],

I am writing as the healthcare provider for **[Patient Name]**. This letter serves to certify that the patient has a medical condition that requires the assistance and care of their [Relationship to Patient], **[Employee Name]**.

Medical Necessity:
The patient requires short-term assistance with [daily activities / medical treatments / recovery oversight] due to [brief description of condition if necessary, or simply "a serious health condition"].

Duration of Leave:
The period of care is expected to begin on **[Start Date]** and is estimated to continue until approximately **[End Date]**. The patient will require [full-time / intermittent] care during this period.

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

Sincerely,

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