[Physician Name/Medical Clinic Name]
[Address Line 1]
[Address Line 2]
[Phone Number]
[Date]

To [Employer Name / Human Resources Department]:

Subject: Medical Certification for Long-Term Caregiver Leave

This letter serves as official medical certification for [Employee Name] regarding their request for long-term caregiver leave.

I am the treating physician for [Patient Name], who is the [Relationship to Employee] of [Employee Name].

I can confirm that [Patient Name] has a serious health condition that requires professional or familial assistance with daily living activities. Due to the nature of this medical condition, the patient requires significant long-term care and support.

Estimated Duration of Care:
The period of care is expected to begin on [Start Date] and is estimated to continue until approximately [End Date or "Indefinite"].

Frequency of Care:
[Select one: Continuous full-time care / Intermittent care as follows: Describe frequency].

The presence of [Employee Name] is medically necessary to assist with the patient's basic medical, hygienic, nutritional, or safety needs, as well as providing psychological comfort during the treatment process.

If you require any further information within the bounds of patient confidentiality, please contact my office directly.

Sincerely,

[Signature of Physician]

[Printed Name of Physician]
[Medical License Number]
[State/Province]