Date: [Date]

To: [Employer Name/Human Resources Department]
Company: [Company Name]
Address: [Company Address]

Subject: Medical Certification for Caregiver Leave

Dear [Recipient Name],

I am writing to certify that my patient, [Patient Name], underwent a surgical procedure on [Date of Surgery]. Due to the nature of this procedure and the requirements of the recovery process, the patient will require constant assistance and post-operative care.

It is medically necessary for [Employee Name] to serve as the primary caregiver for the patient during this recovery period. The caregiver's assistance is required for activities including, but not limited to, medication management, mobility assistance, wound care monitoring, and transportation to follow-up appointments.

The anticipated duration for this care is from [Start Date] to [End Date]. I expect the patient to be sufficiently recovered for the caregiver to return to their regular duties on [Return Date].

Please feel free to contact my office at [Phone Number] should you require further verification or information regarding this medical necessity.

Sincerely,

[Doctor Name, Degree]
[Medical License Number]
[Clinic/Hospital Name]
[Signature Line]