[Physician Name]
[Clinic/Hospital Name]
[Address]
[Phone Number]

[Date]

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

RE: Medical Certification for Caregiver Leave

To Whom It May Concern,

I am the treating physician for [Patient Name]. This letter serves to certify that [Patient Name] has been diagnosed with a chronic medical condition that requires ongoing care and assistance.

Due to the nature of this condition, the patient requires the assistance of a caregiver for: [Check all that apply]

- Basic medical or hygienic needs.
- Safety and supervision.
- Transportation to medical appointments and treatments.
- Psychological support during periods of incapacity.

I understand that [Employee Name] is the primary caregiver for the patient. It is my medical opinion that [Employee Name]'s presence is necessary to assist with the patient's care.

The estimated frequency of care required is: [e.g., 2 days per week / intermittently as flares occur].

This period of care is expected to begin on [Start Date] and is estimated to continue until [End Date/Undetermined].

Should you require any further information, please contact my office.

Sincerely,

[Signature]

[Physician Name, MD/DO]
[Medical License Number]