Date: [Date]

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

Subject: Medical Certification for Caregiver Leave

To Whom It May Concern,

I am the attending physician for **[Patient Name]**, who has been diagnosed with a terminal medical condition. Due to the nature of this illness, the patient requires significant assistance and end-of-life care.

This letter serves to certify that **[Employee Name]** is a primary caregiver for the patient. The patient requires the employee's assistance for the following:

- Providing psychological comfort and support.
- Assistance with basic medical and hygienic needs.
- Coordination of hospice or palliative care.
- Assistance with daily living activities and safety monitoring.

I recommend that **[Employee Name]** be granted a leave of absence to provide this necessary care. The anticipated duration of this leave is from **[Start Date]** to **[End Date/Indefinite]**.

Please feel free to contact my office at [Phone Number] if you require further verification, while respecting all applicable patient privacy laws.

Sincerely,

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