[Date]

[Employer Name]
[Human Resources Department]
[Company Address]

RE: Medical Certification for Intermittent Caregiver Leave

To Whom It May Concern,

I am writing as the healthcare provider for [Patient Name], who is the [Relationship, e.g., Mother/Father/Spouse] of your employee, [Employee Name].

This letter serves to certify that [Patient Name] has a serious health condition that requires periodic assistance and care. Due to the nature of this condition, the patient will require care from [Employee Name] on an intermittent basis.

Medical Facts:
The patient requires assistance with basic medical, hygienic, nutritional, or safety needs, as well as transportation to medical appointments. The condition is expected to cause episodic flare-ups or require periodic treatments rather than a single continuous period of incapacity.

Frequency and Duration:
It is medically necessary for [Employee Name] to be absent for caregiving duties as follows:

- **Estimated Frequency:** [e.g., 1-2 times per month]
- **Estimated Duration:** [e.g., 1-3 days per episode]
- **Leave Period:** From [Start Date] to [End Date/Re-evaluation Date]

Please feel free to contact my office at [Phone Number] if you require further clarification regarding this medical certification.

Sincerely,

[Healthcare Provider Signature]
[Healthcare Provider Name and Title]
[Medical License Number]
[Clinic/Hospital Name]