Date: [Date]

To: [Employer Name/Human Resources 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 is currently receiving palliative care for a serious health condition. This letter serves as medical certification for **[Employee Name]** to take a leave of absence to provide essential care and support for the patient.

Patient Information:
Patient Name: [Patient Name]
Relation to Employee: [e.g., Parent, Spouse, Child]

Certification of Need:
The patient has been diagnosed with a chronic, life-limiting illness. Due to the nature of this condition, the patient requires assistance with activities of daily living, medication management, and emotional support. The presence of [Employee Name] is medically necessary for the patient's care and well-being.

Duration of Leave:
The period of leave is expected to begin on **[Start Date]** and is anticipated to continue until **[End Date or "Indefinite"]**. The leave may be required on a:

- Continuous basis
- Intermittent basis (as symptoms fluctuate)

If you require further information regarding this certification, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[Medical License Number]
[Facility/Clinic Name]
[Contact Information]