**Date:** [Insert Date]

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

**Subject: Medical Certification for Rehabilitation Support Caregiver Leave**

Dear [Recipient Name or HR Manager],

I am writing in my capacity as the attending healthcare provider for **[Patient Name]**. This letter serves to certify that the aforementioned patient is currently undergoing a prescribed rehabilitation program for **[Optional: Nature of condition/injury]**.

Due to the nature of this rehabilitation, the patient requires the assistance of a designated caregiver, **[Employee Name]**, to support their recovery process. The caregiver's presence is necessary for:

- Assistance with mobility and daily living activities.
- Transportation and attendance at clinical rehabilitation sessions.
- Administration and monitoring of home-based therapeutic exercises.

The estimated duration for which this caregiver support will be required is from **[Start Date]** to **[End Date]**. The frequency of leave required is **[Full-time / Intermittent / Specific Days per week]**.

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

Sincerely,

[Physician Signature]
**[Physician Name, Degree]**
**[Medical License Number]**
**[Facility/Clinic Name]**