Date

Doctor Name

Medical Practice or Hospital Name

Street Address

City, ST ZIP Code

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| --- | --- |
| RE: | Pregnancy Confirmation of [Patient Name] DOB: date, SSN: Social Security Number |

To whom it may concern,

Ms. Emily Watson visited Wellness Hospital on 15th April 2019 at 3:00 p.m. I, Dr. William Smith, attended her and was informed by her that she was having nauseatic feelings for a few days. After examination and a few tests, her pregnancy was confirmed. Her expected due date is 11th October 2019.

Her health condition is not good, and she is quite weak. If she would not take bed rest for the remaining months till August, her and her baby’s lives are at stake. After delivery, the maternity leave would serve as a recovery period but right now, her body cannot do any physical exertion or stressful mental activity.

I request that you grant her the leave and excuse her from work for the rest of her pregnancy. If you need any other information, you can contact me at [Contact].

Sincerely,

Your Name