



## To Be Completed By Health Care Provider

Section IV – Patient Information	Section VII – Employee Work Status (own condition)	
<p>1. Employee's Name: _____</p> <p>2. Patient's Name: _____</p> <p>3. Patient's relationship to employee (check one):</p> <p><input type="checkbox"/> Self    <input type="checkbox"/> Spouse    <input type="checkbox"/> Child    <input type="checkbox"/> Parent</p>	<p>Complete Question 9 only when employee needs to take leave because of employee's own serious health condition.</p> <p>9. Because of the condition identified in questions 4 and 5, it is medically necessary for employee to:</p> <p><input type="checkbox"/> Take a leave of absence on consecutive days from _____ to _____.</p> <p><input type="checkbox"/> Take intermittent leave according to the following schedule: _____</p> <p><input type="checkbox"/> Work less than employee's normal schedule of hours per day or days per week according to the following schedule: _____</p>	
Section V – Designation of Serious Health Condition		
<p>4. Under FMLA a "serious health condition" means an illness, injury, impairment, or physical or mental condition that involves one or more of the categories below. Does the patient's condition<sup>3</sup> qualify under any of the categories described? (Definitions on page 3.) If so, check the applicable category(ies):</p> <p><input type="checkbox"/> Hospital Care (<i>inpatient</i>)</p> <p><input type="checkbox"/> Absence Plus Treatment (<i>Patient is unable to work or perform other regular daily activities for more than three [3] consecutive calendar days and needs treatment</i>)</p> <p><input type="checkbox"/> Pregnancy</p> <p><input type="checkbox"/> Chronic Serious Health Condition (<i>i.e., asthma, diabetes, epilepsy, etc.</i>)</p> <p><input type="checkbox"/> Permanent/Long-term Condition Requiring Supervision (<i>i.e., Alzheimer's, severe stroke, terminal stages of disease</i>)</p> <p><input type="checkbox"/> Multiple Treatments (<i>i.e., cancer, severe arthritis, therapy, dialysis, etc.</i>)</p> <p><input type="checkbox"/> Not a serious health condition (proceed to Section IX)</p> <p>5. Describe the medical facts supporting your certification in Question 4.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<th data-bbox="815 745 1539 779">Section VIII – Employee Work Status (care for family)</th> <p>Complete Questions 10 &amp; 11 only when employee needs to take leave to care for patient who is a family member with a serious health condition.</p> <p>10. Because of the condition identified in questions 4 and 5, employee needs a leave of absence to:</p> <p><input type="checkbox"/> Assist patient's basic medical needs, hygiene/nutritional needs or for safety or transportation purposes.</p> <p><input type="checkbox"/> Provide psychological comfort that would be beneficial to patient or assist in patient's recovery.</p> <p>11. Identify the duration and schedule of time needed by employee to care for patient:</p> <p>_____</p> <p>_____</p> <p>_____</p>	Section VIII – Employee Work Status (care for family)
Section VI – Duration of Incapacity and Treatments	Section IX – Physician Information	
<p>6. State the approximate date the condition commenced:</p> <p>_____</p> <p>7. Estimate the probable duration of condition:</p> <p>_____ to _____</p> <p>8. Nature and estimated duration of treatment prescribed:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Name of Health Care Provider (please print): _____</p> <p>Provider's Signature: _____</p> <p>Date: _____</p> <p>Type of Practice: _____</p> <p>Address: _____</p> <p>_____</p> <p>Telephone Number: _____</p>	

<sup>3</sup> Here and elsewhere on this form, the information sought relates only to the condition for which the employee is taking FMLA leave.

## Description of Serious Health Condition

The following describes what is meant by a “serious health condition” under the Family and Medical Leave Act. A “serious health condition” means an illness, injury, impairment, or physical or mental condition that involves one of the following:

Hospital Care – Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity<sup>4</sup> or subsequent treatment in connection with or consequent to such inpatient care.

Absence Plus Treatment – A period of incapacity of more than three consecutive calendar days (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:

1. Treatment<sup>5</sup> two or more times by a health care provider, by a nurse or physician’s assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a health care provider; or
2. Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment<sup>6</sup> under the supervision of the health care provider.

Pregnancy – Any period of incapacity due to pregnancy, or for prenatal care.

Chronic Serious Health Condition – Any period of incapacity or treatment for such incapacity due to a chronic serious health condition which:

1. Requires periodic visits for treatment by a health care provider, or by a nurse or physician’s assistant under direct supervision of a health care provider;
2. Continues over an extended period of time (including episodes of a single underlying condition); and
3. May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.)

Permanent/Long-term Conditions Requiring Supervision – A period of incapacity that is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer’s, a severe stroke, or the terminal stages of a disease.

Multiple Treatments – Any period of incapacity to receive multiple treatments (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), and kidney disease (dialysis).

Conditions for which cosmetic treatments are administered (such as most treatments for acne or plastic surgery) are not “serious health conditions” unless inpatient hospital care is required or unless complications develop. Ordinarily, unless complications arise, the common cold, the flu, earaches, upset stomach, minor ulcers, headaches other than migraine, routine dental or orthodontia problems, periodontal disease, etc., are examples of conditions that do not meet the definition of a serious health condition and do not qualify for FMLA leave. Restorative dental or plastic surgery after an injury or removal of cancerous growths are serious health conditions provided all the other conditions of the FMLA regulation are met.

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<sup>4</sup> “Incapacity,” for purposes of FMLA, is defined to mean inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefore, or recovery therefrom.

<sup>5</sup> Treatment includes examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does not include routine physical examinations, eye examinations, or dental examinations.

<sup>6</sup> A regimen of continuing treatment includes, for example, a course of prescription medication (e.g., an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition. A regimen of treatment does not include the taking of over-the-counter medications such as aspirin, antihistamines, or salves; or bed-rest, drinking fluids, exercise, and other similar activities that can be initiated without a visit to a health care provider.