

Medical Certification - FMLA/CFRA

Use this form to obtain physician or medical practitioner certification that the employee or a family member is disabled due to a “serious health condition,” as defined in *Attachment A: Definitions*.

Due to the confidential nature of this information, use this form as follows:

1. Provide the employee with a copy of his/her job description along with this form. Make sure the job description identifies the essential functions of the employee’s position.
2. Instruct the employee to:
 - a. Give the job description and *Health Care Provider Certification* section of the form to the health care provider.
 - b. Complete and sign the *Employee’s Statement Regarding Seriously Ill Family Member* section, if the employee is requesting family leave to care for a seriously ill family member, and provide this section under separate cover to the health care provider.
 - c. Have the health care provider complete and sign the *Health Care Provider Certification* section.
 - d. Sign and return only the *Health Care Provider Certification* section to you for documentation purposes, after it is completed by the health care provider.
3. File the completed *Health Care Provider Certification* section in the employee’s confidential medical file.

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Health Care Provider Certification - To be completed by the patient's health care provider:

Employee Name

Company Name

Patient's Name (if other than employee)

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

1. Date medical condition or need for treatment commenced: _____
(Note: The health care provider is not to disclose the underlying diagnosis without the consent of the patient.)
2. Probable duration of medical condition or need for treatment: _____
3. *Attachment A: Definitions* describes what is meant by a "serious health condition" under both the federal Family and Medical Leave Act (FMLA) and the California Family Rights Act (CFRA). Does the patient's condition qualify under any of the categories described?
 Yes No
4. If the certification is for the serious health condition of the employee, please answer the following:
 - a. Is the employee able to perform work of any kind?
 Yes No
 - b. Is the employee able to perform the essential functions of the employee's position? (Answer after reviewing the attached job description provided by the employee that includes the essential functions of the employee's position.)
 Yes No
 - c. If yes to either 4a or 4b, please provide proposed or recommended accommodations:

5. If the certification is for the care of the employee's family member, please answer the following:
 - a. The patient does, or will, require assistance for basic medical, hygiene, nutritional needs, safety or transportation.
 Yes No
 - b. After review of the signed *Employee's Statement Regarding Seriously Ill Family Member*, does the condition warrant the participation of the employee? (This participation may include psychological comfort and/or arranging for third-party care for the family member.)
 Yes No
6. Estimate the period of time care will be needed or during which the employee's presence would be beneficial:

7. Please answer the following question only if the employee is asking for intermittent leave or a reduced work schedule:
 - a. Is it medically necessary for the employee to be off work on an intermittent basis or to work less than the employee's normal work schedule in order to deal with the serious health condition of the employee or family member?
 Yes No

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b. If the answer to 7a is yes, please indicate the estimated number of doctor's visits, and/or estimated duration of medical treatment, either by the health care practitioner or another provider of health services, upon referral from the health care provider.

Signature of Health Care Provider

Date

Signature of Employee

Date

Employee's Statement Regarding Seriously Ill Family Member

To be completed and signed by the employee needing family leave to care for a seriously ill family member. Employee should provide this section to the health care provider under separate cover. **This information is not to be provided to the employer.**

When family care leave is needed to care for a seriously ill family member, the employee must state the care he/she will provide and an estimate of the time period during which this care will be provided, including a schedule if leave is to be taken intermittently or on a reduced work schedule:

Signature of Employee

Date

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Attachment A: Definitions

A “serious health condition” means an illness, injury, impairment, or physical or mental condition that involves one of the following:

1. Hospital Care

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

2. Absence Plus Treatment

a. 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:

- Treatment two or more times by a health care provider (for FMLA only, the two treatments must occur within 30 days ***), 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
- Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider.
- For FMLA only, the employee’s first treatment must occur within 7 days of first day of incapacity. ***

3. Pregnancy

A period of incapacity due to pregnancy, or for prenatal care.

(Note: An employee’s own incapacity due to pregnancy is covered as a serious health condition under FMLA but not under CFRA.)

4. Chronic Conditions Requiring Treatment

A chronic condition which:

- a. Requires periodic visits (for FMLA ONLY periodic means at least two times per year ***) for treatment by a health care provider, or by a nurse or physician’s assistant under direct supervision of a health care provider;
- b. Continues over an extended period of time (including recurring episodes of a single underlying condition); and
- c. May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.).

5. 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.

6. Multiple Treatments (Non-Chronic Conditions)

Any period of absence 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 treatment, such as cancer (chemotherapy, radiation, etc.) severe arthritis (physical therapy), kidney disease (dialysis).

*** California law does not include these time limitations. If a leave is FMLA/CFRA, follow the California law without these time limitations.