

CERTIFICATION OF HEALTH CARE PROVIDER
(In compliance with FMLA and CFRA)

1. Employee's Name: _____

2. Patient's Name/Relationship (If other than employee): _____

3. Provider's name and business address: _____

Type of Practice/Medical specialty: _____

Telephone: () _____ Fax: () _____

4. 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):

5. Was the patient admitted with the expectation of an overnight stay in a hospital, hospice, or residential medical care facility? Yes _____ No _____ If so, dates of admission: _____

6. Is the medical condition pregnancy? Yes ____ No ____ If so, expected delivery date: _____

7. Probable duration of medical condition or need for treatment:

Begin: ___ / ___ / _____ End: ___ / ___ / _____
 MM DD YYYY MM DD YYYY

8. The attached sheet 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? If so, please check the appropriate category:

(1) (2) (3) (4) (5) (6)

9. ***If the certification is for the serious health condition of the EMPLOYEE, please answer the following:***

	Yes	No	
9a.	<input type="checkbox"/>	<input type="checkbox"/>	Is employee able to perform work of any kind? (If "No", skip next question.)
9b.	<input type="checkbox"/>	<input type="checkbox"/>	Is employee unable to perform any one or more of the essential functions of employee's position? (Answer after reviewing statement from employer of essential functions of employee's position, or, if none provided, after discussing with employee.)
9c.	<input type="checkbox"/>	<input type="checkbox"/>	Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? If so, estimate the beginning and ending dates for the period of incapacity: _____
9d.	<input type="checkbox"/>	<input type="checkbox"/>	Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? Yes _____ No _____
9e.	<input type="checkbox"/>	<input type="checkbox"/>	Is it medically necessary for the employee to be absent from work during the flare-ups and/or medical treatment?
	If so: Frequency: _____ times per _____ week(s) _____ month(s) Duration: _____ hours or _____ days(s) per episode		

GINA: 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.

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. A person is considered an “inpatient” when a health care facility formally admits him or her to the facility with the expectation that he or she will remain at least overnight and occupy a bed, even if it later develops that such person can be discharged or transferred to another facility and does not actually remain overnight.
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:
 - (1) Treatment 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 under the supervision of the health care provider.
3. Pregnancy (NOTE: An employee’s own incapacity due to pregnancy is covered as a serious health condition under FMLA but not under CFRA.)

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

4. Chronic Conditions Requiring Treatment: A chronic 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 recurring episodes of a single underlying condition); and
 - (3) 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 which 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 or treatment, such as cancer (chemotherapy, radiation, etc.) severe arthritis (physical therapy), kidney disease (dialysis).