

FMLA Certification of Health Care Provider
for Serious Health Condition



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INSTRUCTIONS FOR THE EMPLOYEE: The FMLA permits your employer to require that you submit a timely, complete, and sufficient medical certification to support a request for leave due to your own or family member's serious health condition. Failure to provide a sufficient medical certification may result in a denial of leave. If the certification is not completed in English, you may be asked to furnish a translation.

PATIENT'S NAME: _____
FIRST MIDDLE LAST

RELATIONSHIP TO YOU: ☐ Self ☐ Minor child ☐ Adult disabled child ☐ Parent ☐ Spouse ☐ Other: _____

If caring for a family member, briefly describe the care you will provide (*check all that apply*):

☐ Medical, hygiene, nutritional, or safety needs ☐ Transportation ☐ Psychological Comfort ☐ Other: _____

Estimated duration and schedule of leave: _____

Employee Signature

Date

INSTRUCTIONS FOR HEALTHCARE PROVIDER: Please fully and completely answer all applicable parts related to the medical condition for which your patient, or their caregiver, is seeking leave. Your answers should be your **best estimate based upon your medical knowledge, experience, and examination of the patient**. Please be as specific as you can. Terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient. In compliance with GINA (29 CFR §1635), do not provide information about genetic tests, genetic services, or the manifestation of disease or disorder in the employee's family members. **In CT, do not disclose diagnosis without patient's consent.**

Medical Facts

1. Approximate date symptoms/medical condition started: _____
2. Probable duration of medical condition: _____ or ☐ Recurs over an extended period of time
3. Expected/actual delivery date: _____ or ☐ Condition not pregnancy
4. Nature and duration of treatment plan (e.g. therapy regimen, specialist referral, specialized equipment):

a. Dates of overnight stay in hospital, hospice, or care facility: From _____ through _____ or ☐ N/A
b. Was medication prescribed (excluding over-the-counter medication)? ☐ Yes ☐ No
c. Date(s) of past and/or planned medical treatment/office visits: _____
5. Any other relevant medical facts (e.g. symptoms, diagnosis) or information: _____

6. If the **employee** is the patient, are they *unable* to perform one or more essential job functions due to period(s) of incapacity, including any time for treatment/recovery? ☐ Yes ☐ No
a. If yes, nature of work restrictions: _____
7. If the **family member** is the patient, do they require assistance with basic medical, hygiene, nutritional needs, safety, transportation, or psychological comfort and/or to arrange for third-party care? ☐ Yes ☐ No

Certification of Health Care Provider for
Employee's Serious Health Condition



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8. Is it medically necessary for the employee to work less than their normal work schedule for care/treatment of self or a family member? ☐ Yes ☐ No

If yes, provide an *estimate* of the total amount of leave needed on a continuous and/or intermittent basis:

- a. **Continuous period of incapacity/need for care:** From ____ / ____ / ____ through ____ / ____ / ____
- b. **Medical visits/treatment:** ____ times per ☐ week ☐ month ☐ year, lasting ____ ☐ hours ☐ days for each appointment, including any recovery period
- c. **Recurring episodes:** ____ times per ☐ day ☐ week ☐ month, lasting ____ ☐ hours ☐ days
- d. **Reduced schedule:** Employee is able to work ____ hour(s) per day; ____ day(s) per week
- From ____ / ____ / ____ through ____ / ____ / ____

Signature of Healthcare Provider: _____ Date: _____

Printed Name of Healthcare Provider: _____

Type of Medical Practice/Specialty: _____

Phone Number: (____) _____ Fax: (____) _____

Serious Health Condition Definition

Under the FMLA, *serious health condition* means an illness, injury, impairment, or physical or mental condition that involves either inpatient care in a hospital, hospice, or residential health care facility or ongoing medical treatment or supervision by a healthcare provider. *Incapacity* means the inability to work, attend school, or perform regular daily activities due to the condition, treatment of the condition, or recovery from the condition.

- **Inpatient Care:** Any period of incapacity or any subsequent treatment in connection with the overnight stay in a hospital, hospice, or residential medical care facility
- **Incapacity Plus Treatment:** A period of incapacity of more than three consecutive, full calendar days, and any related subsequent treatment or period of incapacity, that requires an in-person visit to a health care provider for treatment within seven days of the first day of incapacity and involves either 1) another treatment visit to a health care provider within 30 days, unless extenuating circumstances exist; or 2) a regimen of continuing treatment under the supervision of the health care provider (e.g. prescription medication or therapy requiring special equipment)
- **Pregnancy:** Any period of incapacity due to pregnancy or for prenatal care.
- **Chronic Conditions:** Any period of incapacity or treatment for a condition that recurs over an extended period of time and requires periodic visits to a health care provider, or a nurse supervised by a health care provider, at least twice per year (e.g. diabetes, asthma, migraine headaches)
- **Permanent or Long-term Conditions:** A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective, but which requires the continuing supervision of a health care provider, such as Alzheimer's disease or the terminal stages of cancer.
- **Conditions Requiring Multiple Treatments:** 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 physical therapy for severe arthritis or kidney dialysis.

Please note that when a state law has a different definition of a *serious health condition*, Unum reviews accordingly.