



**MEDICAL CERTIFICATION – EMPLOYEE’S FAMILY MEMBER’S
SERIOUS HEALTH CONDITION (FMLA/CFRA)**

NOTE TO HEALTH CARE PROVIDER: THE HEALTH CARE PROVIDER IS NOT TO DISCLOSE THE UNDERLYING DIAGNOSIS OF THE FAMILY MEMBER WITHOUT THE CONSENT OF THE PATIENT.

1. Employee’s Name: _____

2. Patient’s Name: _____

3. Does the employee’s child, parent, spouse, or domestic partner have an illness, injury, impairment, or physical or mental condition which constitutes a “serious health condition?” A “serious health condition” is described on the attached sheet. Does the patient’s condition qualify under any of the categories described? If so, please check the applicable category.

(1) (2) (3) (4) (5) (6) or None of the above

4. Date medical condition or need for treatment commenced: _____

5. Probable duration of medical condition or need for treatment: _____

6. If the certification is for the care of the employee’s family member, please answer the following:

Yes No

Does (or will) the patient require assistance for basic medical hygiene, nutritional needs, safety or transportation?

Yes No

After review of the employee’s signed statement (See Item 10 below), 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.)

7. Estimate the period of time care is needed or during which the employee’s presence would be beneficial:

8. Please answer the following question only if the employee is asking for intermittent leave or a reduced work schedule.

Yes No

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?

9. If the answer to 8. 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.

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

11. Signature of Health Care Provider:

Signature

Date

12. Employee Signature:

Signature

Date

A "Serious Health Condition" means an illness, injury, impairment, or physical or mental condition that involves one of the following:

1. **Hospital 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, full calendar days (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:
 - i) Treatment two or more times within 30 days of the first day of incapacity, unless extenuating circumstances exist, by a health care provider, by a nurse, or by a provider of health care services (e.g., a physical therapist) under orders of, or on referral by, a health care provider. The first in-person treatment visit must take place within seven days of the first day of incapacity; or
 - ii) 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. The in-person treatment must take place within seven days of the first day of incapacity.
3. **Pregnancy**

Any period of incapacity due to pregnancy, or for prenatal care (This entitles the employee to FMLA leave, but not CFRA leave. Under California law an employee disabled by pregnancy is entitled to Pregnancy Disability Leave.)
4. **Chronic Conditions Requiring Treatments**

A chronic condition which:

 - a) Requires periodic visits (defined as at least twice a year) for treatment by a health care provider or by a nurse;
 - 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 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 full consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), kidney disease (dialysis).