Certification of Health Care Provider
(Family and Medical Leave Act of 1993)

To be completed by the patient's health care provider: (This form is to be returned to SETA by _____ or your leave may be delayed.)
Date

1. Employee's Name: _____
2. Patient's Name (if other than employee): _____
3. Date medical condition or need for treatment commenced **(Note: the health care provider is not to disclose the underlying diagnosis without consent of the patient.)** _____
4. Probable duration of medical condition or need for treatment: _____

5. The attached sheet (page 2) describes what is meant by a "serious health condition" under both the federal Family and Medical Leave Ace (FMLA) and the California Family Rights Act (CFRA). Does the patient's condition qualify under any of the categories described? ☐ **Yes** ☐ **No**
   1) ☐ 2) ☐ 3) ☐ 4) ☐ 5) ☐ 6) ☐ None of the Above ☐

6. 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 employer's job description that includes the essential functions of the employee's position, or if none provided, after discussing with the employee. ☐ **Yes** ☐ **No**

7. 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 employee's signed statement (see item 13, attached) 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**

8. Estimate the period of time care will be needed, or during which the employee's presence would be beneficial: _____
   _____

9. Please answer the following questions 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**
   b. **If the answer to "a" is yes**, please indicate the estimate 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. Estimate: _____
   _____

10. _____ _____
    Signature of Health Care Provider Date
    _____ (____)_____
    Address of Health Care Provider Telephone Number
11. _____ _____
    Signature of Employee Date

To be completed by the employee needing family leave to care for a seriously ill family member. Please provide to the health care provider under separate cover. This information is not to be provided to the employer.

12. When family care leave is needed 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.

_____

_____

_____

_____

_____

_____

13. _____ _____

Signature of the Employee Date

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 a period of incapacity or subsequent treatment in connection with or consequent to such inpatient care.
2. 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 two or more times by a health care provider, or a provider of health care services under direct supervision of a health care provider, or 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 CFRA.) A period of incapacity due to pregnancy, or for prenatal care.
4. Chronic Conditions Requiring Treatment – A chronic condition which:
   a. Requires periodic visits for treatment by a health care provider, or by a nurse or a 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 or treatment, such as cancer (chemotherapy, radiation, etc.) severe arthritis (physical therapy), kidney disease (dialysis).