



Certification of Health Care Provider Leave for Medical / Family Reasons

(When completed, this form goes to the employee or district designee.)

Today's date: _____

1. Employee's Name: _____
2. Patient's Name (if different from employee): _____
3. State the condition/diagnosis of the patient: _____
4. State the approximate date the condition* commenced: _____ ;
the probable duration of the condition: _____ ;
and the probable duration of the patient's **incapacity**** (if different): _____
5. If the condition is a **chronic condition** state whether the patient is presently incapacitated and the likely frequency of episodes of incapacity: _____

6. Was medication, other than over-the-counter medication, prescribed?: No _____ Yes _____
Effect(s) of medication that could cause inability to perform job functions: _____

7. If additional **treatments+** will be required for the condition, provide an estimate of the probable number of treatments _____
interval between treatments _____
and recovery period from treatments (if necessary) _____
8. If any of these treatments will be given by **another provider** of health services (e.g., physical therapist), please state the nature of the treatments: _____

9. If leave is required to **care for a family member** of the employee, does the patient require assistance for basic medical or personal needs? _____ for transportation?
_____ Is the employee needed to provide psychological comfort to the patient?
_____ If the patient will need care only intermittently, indicate the probable duration: _____

Name of Health Care Provider: _____

Signature of Provider: _____

Type of Practice: _____

Address: _____

Telephone Number: _____

* Here and elsewhere on this form, the information sought relates only to the condition for which the employee is taking leave.

** "Incapacity" is defined to mean inability to work, or perform other regular daily activities, due to the serious health condition, treatment therefore, or recovery therefrom, for more than **10 consecutive days**.

+ A regimen of continuing treatment includes, for example, therapy requiring special equipment to resolve or alleviate the health condition. A regimen of treatment does not include the taking of medications such as aspirin or antibiotics, bed-rest, drinking fluids, exercise, and other similar activities that can be initiated without a visit to a health care provider.