

**FAMILY AND MEDICAL LEAVE
MEDICAL CERTIFICATION
Employee’s or Employee’s Family Member’s Serious Health Condition**

A complete medical certification is required to determine whether your health condition or the health condition of your spouse, child, or parent qualifies for leave under Family and Medical Leave (FMLA) and California Family Rights Act (CFRA).

INSTRUCTIONS TO EMPLOYEE: Complete Sections I and II. If you are requesting leave to care for your spouse, child, or parent who has a serious health condition, also complete Section III. Your Health Care Provider or your family member’s Health Care Provider must complete sections IV through IX. **It is your responsibility to ensure that the health care provider completes this form and returns it to Kings County Human Resources within 15 calendar days.** PLEASE NOTE: If you are requesting Pregnancy Disability Leave (PDL) you do not need to complete this form. Instead, please submit a completed FMLA/CFRA/PDL request form and a doctor’s note.

INSTRUCTIONS TO HEALTH CARE PROVIDER: Your patient or a family member of your patient has requested FMLA/CFRA leave. In order for us to verify that this qualifies under the FMLA/CFRA, please complete sections IV through IX of this form, and return it to Kings County Human Resources. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. 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”, and “indeterminate” may not be sufficient to determine FMLA/CFRA coverage.

PLEASE RETURN COMPLETED FORM TO EMPLOYEE, OR FAX TO:

Kings County Human Resources
 Confidential Fax Number (559) 585-1036
 Telephone: (559) 852-2510

To Be Completed By Employee:

Section I – Patient Information (Printed)
Employee’s Name: _____
Patient’s Name: _____
Relationship to Employee: _____
Employees Work Schedule: _____ hours per day _____ days per week <input type="checkbox"/> Overtime required <input type="checkbox"/> Nights/Weekends required
Section II – Employee Signature
I permit Kings County Human Resources to contact my Health Care Provider or my family member’s Health Care Provider for purposes of obtaining clarifying information and authenticity of the medical certification, if necessary.
<div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <div style="border-top: 1px solid black; width: 45%; text-align: center;">Employee’s Signature</div> <div style="border-top: 1px solid black; width: 45%; text-align: center;">Date</div> </div>
Section III – Care for Family Member (Printed)
State the care you will provide for your family member (if designated above).

Definition of a Health Care Provider

Department of Labor regulations for the Family Medical Leave Act define a “Health Care Provider” as a:

1. Doctor of medicine or osteopathy, podiatrist, dentist, chiropractor, clinical psychology, clinical psychologist, optometrist, nurse practitioner, nurse-midwife, or clinical social worker, physicians assistant, who is authorized to practice by the State and performing within the scope of their practice as defined by State law, or a Christian Science Practitioner.
2. Any provider the employee’s health group health plan will accept certification of a serious health condition to substantiate a claim for benefits.

To Be Completed By Health Care Provider:

<p>Section IV – Patient Information</p> <p>1. Employee’s Name: _____</p> <p>2. Patient’s Name: _____</p> <p>3. Patient’s Relationship to employee (Check one):</p> <p><input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent</p>	<p>Section VII – Employee Work Status (own condition)</p> <p><i>Complete Question 9 only when employee needs to take leave because of employee’s own serious health condition. Please provide specific information (i.e. 2 hrs. per day, twice per week for therapy appts, etc.)</i></p> <p>9. Because of the condition identified in questions 4 and 5, it is medically necessary for employee to:</p> <p><input type="checkbox"/> Take a leave of absence on consecutive days from _____ to _____</p> <p><input type="checkbox"/> Take a intermittent leave according to the following schedule: _____ _____</p> <p><input type="checkbox"/> Employee can only work: _____ hours per day _____ days per week</p> <p><input type="checkbox"/> Will the condition cause episodic flare ups preventing the employee from performing his/her job functions?:</p> <p style="padding-left: 40px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> If yes, please estimate the frequency and duration of related incapacity that patient may have over the next 6 months.</p> <p style="padding-left: 40px;">_____ absences per month _____ hours per absence</p>
<p>Section V – Designation of Serious Health Condition</p> <p>4. Under FMLA/CFRA a “Serious Health Condition” means an illness, injury, impairment, or physical or mental condition that involves one or more categories below. Does the patient’s (or employee’s family member’s) condition for which he/she is requesting FMLA/CFRA leave qualify under any of the categories described? (Definitions on page 3). If so, check the applicable category(ies):</p> <p><input type="checkbox"/> Inpatient Care (<i>Overnight stay in hospital, hospice, or residential medical care facility</i>)</p> <p><input type="checkbox"/> Continuing Treatment (<i>Patient is unable to work or perform other regular daily activities for more than three consecutive, full calendar days and needs treatment</i>)</p> <p><input type="checkbox"/> Chronic Condition (<i>i.e., asthma, diabetes, epilepsy, etc.</i>)</p> <p><input type="checkbox"/> Permanent/Long-term Condition Requiring Supervision (<i>i.e., Alzheimer’s, severe stroke, terminate stages of disease, etc.</i>)</p> <p><input type="checkbox"/> Multiple Treatments (<i>i.e., cancer, severe arthritis, kidney disease, etc.</i>)</p> <p><input type="checkbox"/> Not a serious health condition (<i>proceed to Section IX</i>)</p> <p>5. What are the medical facts supporting your certification in Question 4? (<i>Please do not disclose the underlying diagnosis without the consent of your patient. Please use additional paper if needed</i>)</p> <p>_____</p> <p>_____</p>	<p>Section VIII – Employee Work Status (care for family)</p> <p><i>Complete Questions 10 & 11 only when employee needs to take leave to care for patient who is a family member with a serious health condition. Please provide specific information (i.e. 2 hrs per day, twice per week for therapy appts, etc.)</i></p> <p>10. Because of the condition identified in questions 4 and 5, the employee needs a leave of absence to:</p> <p><input type="checkbox"/> Assist patient with basic medical needs, hygiene/ nutritional needs or for safety or transportation purposes.</p> <p><input type="checkbox"/> Provide psychological comfort that would be beneficial to patient or assist in patient’s recovery.</p> <p>11. Identify the duration and schedule of time needed by employee to care for patient:</p> <p style="padding-left: 40px;">_____ hours per day _____ days per week</p>
<p>Section VI – Duration of Incapacity and Treatments</p> <p>6. State the approximate date the condition commenced:</p> <p>_____</p> <p>7. Estimate the probable duration of condition:</p> <p>_____ to _____</p> <p>8. Nature and estimated duration of treatment prescribed:</p> <p>_____</p> <p>_____</p>	
<p>Section IX – GINA Information</p> <p>The Genetic Information Nondiscrimination Act of 2008 (“GINA”) prohibits employers from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by the 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.</p>	
<p>Section X – Physician Information</p> <p>Name of Health Care Provider (please print): _____</p> <p>Provider’s Signature: _____ Date: _____</p> <p>Type of Practice: _____</p> <p>Address: _____</p> <p>Telephone Number: _____ Fax Number: _____</p>	

Definition of a Serious Health Condition

An illness, injury, impairment, or physical or mental condition that involves:

a) **Inpatient care** (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity (for purposes of FMLA/CFRA, defined to mean inability to work, attend school, or perform other daily regular activities due to the serious health condition, treatment or recovery from the serious health condition, or any subsequent treatment in connection with such inpatient care; or

b) **Continuing treatment** by a Health Care Provider.

A serious health condition involving continuing treatment by a Health Care Provider includes any one or more of the following:

- A period of incapacity and treatment (i.e. inability to work, attend school, or perform other regular daily activities due to the serious health condition, treatment or recovery from the serious health condition) of more than three consecutive, full calendar days, including any subsequent treatment or period of incapacity relating to the same condition, that also involves:
 1. Treatment two or more times within 30 days of the first day of incapacity, unless extenuating circumstances exist, 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.

c) Any period of incapacity or treatment for such incapacity due to a **chronic serious health condition**. A chronic serious health condition is one that:

1. Requires periodic visits (defined as at least twice per year) for treatment by 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 (i.e., asthma, diabetes, epilepsy, etc.).

d) A period of incapacity that is **permanent or long-term** due to a condition for which treatment may not be effective. The eligible employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a Health Care Provider (i.e., Alzheimer's, severe stroke, terminal disease.)

e) Any period of absence to receive **multiple treatments** (including any period of recovery) 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, full calendar days in the absence of medical intervention or treatment. Examples include cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), or kidney disease (dialysis).

For the purpose of this definition, treatment includes, but is not limited to, examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does not include routine physical, eye or dental examinations. A regimen of continuing treatment may include, for example, a course of prescription medication. A regimen of continuing treatment that includes the taking of over-the-counter medications, bed rest, exercise, or other similar activities that can be initiated without a visit to a Health Care Provider, is not, by itself, sufficient to constitute a regimen of continuing treatment for the purposes of FMLA/CFRA leave.

Examples of conditions that do not meet the definition of a serious health condition and do not qualify for FMLA/CFRA leave include:

- Conditions for which cosmetic treatments are administered (such as most treatments for acne or plastic surgery), unless inpatient hospital care is required or complications develop; and
- Ordinarily, unless complications arise, the common cold, the flu, ear aches, upset stomach, ulcers, headaches other than migraine, routine dental or orthodontia problems, etc.

Substance abuse may be a serious health condition if the conditions for inpatient care and/or continuing treatment are met. However, FMLA/CFRA leave may only be taken for treatment for substance abuse by a Health Care provider. Absence because of the eligible employee's use of the substance, rather than for treatment, does not qualify for FMLA/CFRA leave.

Absences attributable to incapacity due to a chronic serious health condition may qualify for FMLA/CFRA leave even though the eligible employee or the covered family member does not receive treatment from a Health Care Provider during the absence, and even if the absence does not last more than three consecutive, full calendar days. For example, an eligible employee with asthma may be unable to report for work due to the onset of an asthma attack or because the eligible employee's Health Care Provider has advised the employee to stay home when the pollen count exceeds a certain level.

Please note: Any period of incapacity due to pregnancy and for prenatal care will be covered by California Pregnancy Disability Leave (PDL). If your PDL is exhausted, you may be eligible to use other leaves for continuing periods of incapacity due to pregnancy and for prenatal care.

PRIVACY NOTICE

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) requires this notice be provided when collecting personal information from individuals. Information requested from this form is used by Human Resources for purposes of determining your eligibility for FMLA/CFRA benefits. It is mandatory to furnish all information requested on this form. Failure to provide the mandatory information may result in a delay in processing your request.