

CERTIFICATION OF HEALTH CARE PROVIDER

IMPORTANT NOTE: The California Genetic Information Nondiscrimination Act of 2011 (CalGINA) prohibits employers and other covered entities from requesting, or requiring, genetic information of an individual or family member of the individual except as specifically allowed by law. To comply with the Act, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information," as defined by CalGINA, includes information about the individual's or the individual's family member's genetic tests, information regarding the manifestation of a disease or disorder in a family member of the individual, and includes information from genetic services or participation in clinical research that includes genetic services by an individual or any family member of the individual. "Genetic Information" does not include information about an individual's sex or age.

SECTION I: EMPLOYEE INFORMATION

EMPLOYEE COMPLETES

Employee's Name: _____ Employee ID#: _____

Employee's Signature: _____ Date: _____

SECTION II: PATIENT INFORMATION

HEALTH CARE PROVIDER COMPLETES

Patient's Name: _____ If dependent child, Age: _____

Relationship to employee: Self Spouse Domestic Partner Parent Child-Under 18 Child- 18 or over
 Sibling Grandparent Grandchild Parent in Law Other relationship _____

Does the patient's condition warrant the participation of the employee for basic medical needs such as hygiene, nutrition, safety, transportation, psychological comfort, and reassurance for the seriously-ill family member? Yes No

SECTION III: MEDICAL INFORMATION

HEALTH CARE PROVIDER COMPLETES

DO NOT DISCLOSE THE UNDERLYING DIAGNOSIS WITHOUT CONSENT OF THE PATIENT
Please see the definitions of "Serious Health Condition" under the FMLA on the back of this form.

1. Check the description of the serious health condition for the patient: (1) (2) (3) (4) (5) (6) NONE

2. If related to Pregnancy (3), please specify the date of birth or expected delivery date: ____/____/____

3. If hospitalized for this condition (1), beginning date of overnight stay: ____/____/____

4. Approximate date condition commenced: ____/____/____ First treated date: ____/____/____

5. Most recent Dr. visit or treatment date: ____/____/____ Next scheduled Dr. visit/treatment: ____/____/____

6. Is the employee unable to perform any of their job functions due to his/her medical condition? Yes No

7. Does employee need time off work? Yes No Time off work is: Continuous **OR** Intermittent
If yes, fill in the dates below:

Employee's Anticipated Leave of Absence Period: ____/____/____ to ____/____/____
Anticipated Leave Begin Date Anticipated Leave End Date

SECTION IV: INTERMITTENT LEAVES ONLY

HEALTH CARE PROVIDER COMPLETES

Please estimate how often the employee might expect to be off work for incapacity or medical appointments:

Frequency: _____ Duration: _____
Up to _____ absence(s) per month Up to _____ hour(s) per absence **OR** Up to _____ day(s) per absence

SECTION V: HEALTH CARE PROVIDER INFORMATION

HEALTH CARE PROVIDER COMPLETES

Print Name: _____ Practice/Medical Specialty: _____

Phone: _____ Fax: _____

Signature of health care provider: _____ Date: _____

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Family and Medical Leave Act (FMLA) and California Family Rights Act (CFRA) Definitions of “Serious Health Condition”

“Serious health condition” means an illness, injury (including, but not limited to, on-the-job injuries), impairment, or physical or mental condition of the employee or a child, parent, or spouse of the employee that involves either inpatient care or continuing treatment, including, but not limited to, treatment for substance abuse. A serious health condition may involve one or more of the following:

1. **Hospital Care** - Inpatient care 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. A person is considered an “inpatient” when a health care facility formally admits him or her to the facility with the expectation that he or she will remain at least overnight and occupy a bed, even if it later develops that such person can be discharged or transferred to another facility and does not actually remain overnight.
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, by a nurse or physician’s assistant under direct supervision of a health care provider, or by 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** - Any period of incapacity due to pregnancy, or for prenatal care. [NOTE: An employee’s own incapacity due to pregnancy is covered as a serious health condition under FMLA but not under CFRA]
4. **Chronic Conditions Requiring Treatment** - A chronic condition which:
 - (1) Requires periodic visits for treatment by a health care provider, or by a nurse or physician’s assistant under direct supervision of 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 (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 consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), or kidney disease (dialysis).

Note: Authority cited: Section 12935(a), Government Code. Reference: Section 12945.2, Government Code; California Genetic Information Nondiscrimination Act, Stats. 2011, ch. 261; Family and Medical Leave Act of 1993, 29 U.S.C. § 2601 et seq.; and 29 C.F.R. §825.