



## Certification of Health Care Provider

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6b. If any of these treatments will provide by **another provider of health services** (e.g., physical therapist) please state the nature of the treatments:

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6c. If a regimen of continuing treatment by the patient is required under your supervision, provide a general description of such regimen (e.g. prescription drugs, physical therapy requiring special equipment):

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7a. If medical leave is required for the employee's **absence from work** because of the employee's own condition (including absences due to pregnancy or a chronic condition), is the employee unable to perform work of any kind?

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7b. If able to perform some work, is the employee unable to perform any one or more of the essential functions of the employee's job (the employee or the employer should supply you with information about the essential job functions)?  Yes  No

If yes, please list the essential functions the employee is unable to perform:

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7c. If neither **a** nor **b** applies, is it necessary for the employee to be absent from work for treatment?

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8a. If leave is required to care for a family member of the employee with a serious health condition, does the patient require assistance for basic or personal needs or safety, or for transportation?  Yes  No

8b. If no, would the employee's presence to provide psychological comfort be beneficial to the patient or assist in the patient's recovery?  Yes  No

8c. If the patient will need care only intermittently or on a part-time basis, please indicate the probable duration of this need: \_\_\_\_\_

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Signature of Health Care Provider

Type of Practice

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Address

Telephone Number

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Employee Signature

Date

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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., and overnight stay) in a hospital, hospice, or residential medical care facility, including any period of **incapacity**<sup>3</sup> or subsequent treatment in connection with or consequent to such inpatient care.

**2. Absence Plus Treatment**

a). A period of **incapacity**<sup>2</sup> of more than **three consecutive calendar days** (including any subsequent treatment or period of **incapacity**<sup>2</sup> relating to the same condition).

(1) **Treatment**<sup>4</sup> **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**<sup>4</sup> under the supervision of the health care provider.

**3. Pregnancy**

Any period of incapacity due to pregnancy, or for prenatal care.

**4. Chronic Conditions Requiring Treatments**

A **chronic condition** which:

(1) Requires periodic visits for treatment by a health 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**<sup>2</sup> (e.g., asthma, diabetes, epilepsy, etc.).

**5. Permanent/Long-term Conditions Requiring Supervision**

A period of **incapacity**<sup>2</sup> 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, 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 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 and accident or other injury, or for a condition that **would likely result in a period of incapacity**<sup>2</sup> **of more than three consecutive calendar days in the absence of medical intervention or treatment**, such as a cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), kidney disease (dialysis).

<sup>3</sup> Treatment includes examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does not include routine physical examinations, eye examinations, or dental examinations.

<sup>4</sup> A regimen of continuing treatment includes, for example, a course of prescription medication (e.g., an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition. A regimen of treatment does not include the taking of over-the-counter medications such as aspirin, antihistamines, or slaves; or bed-rest, drinking fluids, exercise, and other similar activities that can be initiated without a visit to a health care provider.

