



To Be Completed By Patient's Health Care Provider:

- 1. Employee's Name:
2. Patient's Name/Relationship to Employee:
3. Date medical condition or need for treatment started: (MUST BE A DATE)
4. Date of expected return to work: (MUST BE A DATE)

NOTE: The health care provider is not to disclose the underlying diagnosis without the consent of the patient.

The attached Definition Sheet defines what is meant by a "serious health condition" under both the federal Family and Medical Leave Act (FMLA) and the California Family Rights Act (CFRA).

- 5. Does the patient's condition qualify under any of the categories described?
6. Is the employee able to perform work of any kind? (PLEASE CHECK ONE)
- No - Employee is unable to work or perform all duties.
- Yes - Employee can perform all duties while working a reduced work schedule.
- Yes - Employee can perform all duties but will need intermittent leave.
- Yes - Employee can perform all duties but will need to care for a family member.
- Yes - Employee can perform most duties and can return to work with restrictions.
- Yes - Employee can perform all duties and can return to work without restrictions.

Health Care Provider's Name:
Address of Practice:

Signature of Health Care Provider, Date, Signature of Employee, Date



IMPORTANT NOTICE CONCERNING MEDICAL INFORMATION

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this 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.

Definition Sheet

A "serious health condition" under FMLA/CFRA means an illness, injury, impairment, or physical or mental condition that involves one of the following:

Hospital Care

- Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with such inpatient care.

Continuing Treatment

- A period of incapacity of more than 3 consecutive calendar days (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:
 - Treatment two or more times within 30 days of the first day of incapacity 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 (the first in-person treatment visit must take place within 7 days of the first day of incapacity); or
 - Treatment by a health care provider on at least one occasion that must take place within 7 days of the first day of incapacity and results in a regimen of continuing treatment under the supervision of the health care provider.

Pregnancy

- An employee's own incapacity due to pregnancy, or for prenatal care, is covered as a serious health condition under FMLA but not under CFRA.

Chronic Conditions Requiring Treatment

- A chronic condition which
 - Requires periodic visits (defined as at least twice per year) for treatment by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider;
 - Continues over an extended period of time (including recurring episodes of a single underlying condition); and
 - May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.)

Permanent or Long Term Conditions

- 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.

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 3 consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.) severe arthritis (physical therapy), kidney disease (dialysis).