



Certification of Healthcare Provider – Non- FMLA

1. Employee's Name: _____
2. The attached sheet describes what is meant by a "serious health condition." Does the patient's condition¹ qualify under any of the categories described? If so, please check the applicable category:
(1) _____ (2) _____ (3) _____ (4) _____ (5) _____ (6) _____ , or None of the above _____
3. Describe the medical facts which support your certification of the need for the requested medical leave, including a brief statement as to how the medical facts meet the criteria of one of these categories:
4. State the approximate date the condition commenced, and the probable duration of the condition and the duration of the requested medical leave:

Signature of Healthcare Provider

Type of Practice

Address

Telephone Number

¹ Here and elsewhere on this form, the information sought relates only to the condition for which the employee is taking medical leave.

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., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity² or subsequent treatment in connection with or consequent to such inpatient care.

2. Absence Plus Treatment

- a. A period of incapacity² of more than three consecutive calendar days (including any subsequent treatment or period of incapacity² relating to the same condition), that also involves:
 - i. Treatment³ two or more times by a healthcare provider, by a nurse or physician’s assistant under direct supervision of a healthcare provider, or by a provider of healthcare services (e.g., physical therapist) under orders of, or on referral by, a healthcare provider; *or*
 - ii. Treatment by a healthcare provider on at least one occasion which results in a regimen of continuing treatment⁴ under the supervision of the healthcare provider.

3. Pregnancy

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

4. Chronic Conditions Requiring Treatments

A chronic condition which:

- a. Requires periodic visits for treatment by a healthcare provider, or by a nurse or physician’s assistant under direct supervision of a healthcare provider;
- b. Continues over an extended period of time (including recurring episodes of a single underlying condition); and
- c. May cause episodic rather than a continuing period of incapacity² (e.g., asthma, diabetes, epilepsy, etc.)

5. Permanent/Long-term Conditions Requiring Supervision

A period of incapacity² which is permanent or long-term due to a condition for which treatment may not be effective. The employee must be under the continuing supervision of, but need not be receiving active treatment by, a healthcare provider. Examples include: Alzheimer’s, a severe stroke, or the terminal stages of a disease.

6. Multiple Treatment (Non-Chronic Conditions)

Any period of absence to receive multiple treatments (including any period of recovery therefrom) by a healthcare provider or by a provider of health care services under order of, or on referral by, a healthcare provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity² 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), kidney disease (dialysis).

² “Incapacity”, for purposes of medical leave, is defined to mean inability to work due to the serious health condition.

³ 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.

⁴ 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 regiment of treatment does not include the taking of over-the-counter medications such as aspirin, antihistamines, or salves; or bed-rest, drinking fluids, exercise, and other similar activities that can be initiated without a visit to a healthcare provider.