

PHYSICIAN OR PRACTITIONER MEDICAL CERTIFICATION
CHILD OVER AGE 18 - SERIOUS HEALTH CONDITION

Patient Name:

Employee Name:

To be completed by Employee requesting leave.

When leave is needed to care for a seriously-ill family member, the employee shall state the care he or she will provide and an estimate of the time period during which this care will be provided, including a schedule if leave is to be taken intermittently or through a reduced work schedule.

Employee Statement:

Employee Signature

Date

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To be completed by Physician treating above named family member.

FMLA/CFRA leave **to care for a child over the age of 18** requires a determination that the child is incapable of self-care. The U.S. Department of Labor's (DOL) FMLA regulations define "incapable of self-care" to mean that the individual requires active assistance or supervision to provide daily self-care in three or more of the "activities of daily living" (ADL). ADLs include bathing, dressing, cooking, eating, shopping, paying bills, using telephones and taking public transportation.

Does your patient meet the definition of "incapable of self care"? ☐ Yes ☐ No

(Complete the remainder of the form only if you answered "YES" to the above.)

A "serious health condition" under the Family and Medical Leave Act is described on the reverse of this sheet. If the patient's condition qualifies under any of the categories described, please check the applicable category.

☐ (A) ☐ (B) ☐ (C) ☐ (D) ☐ (E) ☐ (F) or ☐ None

☐ Yes ☐ No After review of the employee's signed statement, (above) is the employee's presence necessary or would it be beneficial for the care of the patient

☐ Yes ☐ No Will assistance be required on a continuous basis? **If no, estimate the number of hours per week that care will be required:** _____.

Beginning Date Assistance Will Be Required:

Estimated Ending Date of Need for Assistance:

Physician Name and Address (Please Print)

Physician Signature

Date

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A “Serious Health Condition” means an illness, impairment, or physical or mental condition that involves one of the following:

A. 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 or consequent to such inpatient care.

B. 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:

- ◆ Treatment¹ 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
- ◆ Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment² under the supervision of the health care provider.

C. Pregnancy

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

D. Chronic Conditions Requiring Treatments

A chronic condition which:

- ◆ Requires periodic visits for treatment by a health care provider, or by a nurse 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.)

E. 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.

F. Multiple Treatments (Non-Chronic Conditions)

Any period of absence to receive 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), kidney disease (dialysis).

¹Treatment 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.

²A 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 salves; or bed-rest, drinking fluids, and other similar activities that can be initiated without a visit to a health care provider.