

EMPLOYEE'S OWN Serious Health Condition

CITY OF RED BLUFF

Certification of Health Care Provider for Employee's Own Serious Health Condition Under the Family Medical Leave Act (FMLA), California Family Rights Act (CFRA) & Pregnancy Disability Leave (PDL)



1. Employee's Name: _____

2. Date leave for medical condition or need for medical treatment commenced: _____

3. Estimated return to work date: _____

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

4. The attached sheet describes what is meant by a "Serious Health Condition" under both the Family and Medical Leave Act (FMLA) and the California Family Rights Act (CFRA). Does the patient's condition qualify under any of the job protection leaves described on the attached sheet? If no, please check the "NO" box. If yes, please check the "YES" box and circle the appropriate category.

NO - If NO, proceed to #7

YES - If YES, identify the appropriate category: FMLA/CFRA

CFRA ONLY

PDL

5. Is the employee able to perform work of any kind?

NO - (No, employee is not able to perform the essential functions of their position. If NO, proceed to #7)

YES - (Yes, employee may perform all /some of their duties)

6. Please answer the following question only if the employee is asking for intermittent leave or a reduced work schedule.

a. Is it medically necessary for the employee to be off work on an intermittent basis or to work less than the employee's normal work schedule in order to deal with the serious health condition of the employee?

NO (proceed to #7)

YES (see below)

b. If the answer is yes, please indicate below the duration and frequency of the intermittent or reduced work schedule (estimate the number of doctor's visits, and/or estimate the duration of the need for medical treatment, either by the health care practitioner or another provider of health services, upon referral from the health care provider).

Away from work: _____ Hours per day
_____ Days per week
_____ Weeks per month

COMMENTS:

7. Signature of health care provider: _____

Date: _____

Printed name of the health care provider: _____ Lic. Num: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ FAX Number: _____

8. Signature of Employee: _____ Date: _____

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. (Rev 10/15)

EMPLOYEE'S OWN Serious Health Condition

Serious Health Condition

A "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 which involves either inpatient care or continuing treatment, including, but not limited to, treatment of substance abuse.

FMLA/CFRA CATEGORIES

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).

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:

- (a) 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 order of, or on referral by, a health care provider; or
- (b) Treatment by a health care provider on at least one occasion one which results in a regimen of continuing treatment under the supervision of the health care provider.

Chronic Conditions Requiring Treatment:

A chronic condition which:

- (a) 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;
- (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 incapacity (e.g., asthma, diabetes, epilepsy, etc.).

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.

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.

PREGNANCY DISABILITY LEAVE (PDL)

Pregnancy: Any period of incapacity due to pregnancy, pregnancy related health condition, or for prenatal care.

CFRA ONLY LEAVE

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.**