

California State University San Marcos Corporation Medical Certification

EMPLOYEE NAME _____

PATIENT'S NAME (if other than employee): Print _____

Relationship to employee: _____

CERTIFICATION THAT EMPLOYEE REQUIRES TIME OFF WORK BECAUSE OF A SERIOUS HEALTH CONDITION (see definition attached)
(NOTE: THE HEALTH CARE PROVIDER IS NOT TO DISCLOSE THE UNDERLYING DIAGNOSIS WITHOUT THE CONSENT OF THE PATIENT) This form may be mailed or faxed back – information is listed on the reverse side of this form.

Is patient unable to work because of a serious health condition? No Yes
 (If the patient is pregnant, please list the due date and expected date that the patient could return to work)

Date Condition Commenced: _____ First Day Off: _____ Anticipated Return to Work Date: _____

Was patient hospitalized? No Yes Can employee perform any work? No Yes

Is it medically necessary for the employee to be off work on an intermittent basis? No Yes
 If yes, indicate required schedule) _____

CERTIFICATION OF NEED TO CARE FOR THE EMPLOYEE'S FAMILY MEMBER (child, spouse, or parent) WITH A SERIOUS HEALTH CONDITION (see definition attached)

Please state reasons that warrant employee care of their family member during period of treatment:

Estimate the period of time required of employee to care for the family member: _____

First Date Time Off Is Required:	Expected Return to Work Date:
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Is it medically necessary for the employee to be off work on an intermittent basis in order to care for the family member? No Yes (If yes, indicate required schedule) _____

CERTIFICATION THAT EXTENSION OF LEAVE IS REQUIRED

Extend Leave until (date): _____

Health Care Provider Signature		Date	
Print Name		Company/Organization Name	
Street Address			
City		State	Zip
Phone ()		License Number	

SERIOUS HEALTH CONDITION

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves one of the following situations.

Inpatient Care

- Inpatient care in a hospital, hospice or residential medical care facility.
- Any period of incapacity or subsequent treatment in connection with the inpatient care.

More Than Three Days Incapacity & Continuing Treatment

- Incapacity lasting more than three consecutive calendar days that also involves two or more treatments by, or under supervision of, a health care provider.
- Incapacity lasting more than three consecutive calendar days that also involves one treatment by a health care provider followed by a regimen of continuing treatment. (Note: “Continuing treatment” may be prescription medication or therapy with specialized equipment. Over-the-counter medications, bed-rest, fluid intake or exercise do *not* constitute “treatment” under the FMLA.)
- Any period of incapacity or subsequent treatment in connection with the above condition.

Prenatal Care/Pregnancy

- Incapacity due to pregnancy (including morning sickness) or for prenatal care.

Chronic Conditions

- Incapacity or treatment for a chronic serious health condition that a) requires periodic visits for treatment by or under the 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 be episodic (e.g., asthma, diabetes and epilepsy).

Permanent/Long Term Conditions

- Permanent or long term incapacity for which treatment may be ineffective and which requires the supervision of, but not necessarily treatment by a health care provider (e.g., Alzheimer’s, severe stroke, and terminal stages of disease).

Multiple Treatments

- Absence to receive multiple treatments by or under the supervision, orders, or referral of a health care provider for restorative surgery after an accident or injury.
- Absence to receive multiple treatments by or under the supervision, orders, or referral of a health care provider for a condition that is likely to result in incapacity of more than three consecutive calendar days without medical intervention or treatment (e.g., chemotherapy for cancer, physical therapy for severe arthritis, or dialysis for kidney disease).
- Any period of recovery relating to the above treatments.

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