

**Boise State University  
Family and Medical Leave Act (FMLA)  
Certification of Health Care Provider**

Medical Certification Statement for the Illness of a **Family Member**

The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protection because of a need for leave to care for a covered family member with a serious health condition to submit a medical certification issued by the health care provider of the covered family member.

**SECTION 1: *To be completed by the Employee before giving this form to the family member or his/her medical provider:***

The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave to care for a covered family member with a serious health condition. Your response is required to obtain or retain the benefit of FMLA protection.

1) Employee's Name (Print): \_\_\_\_\_

2) Name of Ill Family Member \_\_\_\_\_  
First Middle Last

3) Relationship to Employee: \_\_\_\_\_

If family member is son or daughter, date of birth: \_\_\_\_\_

4) Describe the care you will provide to your family member and estimate leave needed to provide care:

Medical Release: I authorize the release of any medical information necessary to process the above request. I understand that this medical information will be treated as confidential and will not be placed in my personnel file.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**SECTION 2: *This section to be completed by the Health Care Provider:***

The employee listed above has requested leave under the FMLA to care for your patient. Answer, fully and completely, all applicable parts below. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage.

1) Briefly describe the family member's health condition and treatment (Refer to FMLA definitions of serious health condition):

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2) The "serious health condition" described qualifies as an eligible FMLA serious health condition as described in the attached list of definitions: Yes \_\_\_\_\_ No \_\_\_\_\_

3) If yes, continue to complete this form. If no, please sign the form and submit it to our office.

4) Date condition began: \_\_\_\_\_

5) Probable duration of the condition or incapacity: \_\_\_\_\_

6) If the medical condition is pregnancy, expected delivery date: \_\_\_\_\_

7) Explanation of extent to which employee is needed to care for the ill spouse, child or parent:

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8) Estimate the length of absence required from work, if any:

- Continuous Basis beginning on \_\_\_\_\_ (date) and expected to end on \_\_\_\_\_ (date)
- Intermittent Basis beginning on \_\_\_\_\_ (date) and expected to end on \_\_\_\_\_ (date)

\_\_\_\_\_  
**Health Care Provider Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Health Care Provider Printed Name**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Business or Clinic Name**

\_\_\_\_\_  
**Fax Number**

Please submit the completed form via mail or fax to:  
Human Resource Services, Boise State University, 1910 University Drive, Boise, ID 83725-1265  
Fax (208) 426-3100. Office phone: (208) 426-1616.

Boise State University  
Federal FMLA Definitions

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. overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity<sup>1</sup> or subsequent treatment in connection with or consequent to such inpatient care.
- 2) Absence Plus Treatment: A period of incapacity<sup>2</sup> 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 the 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
  - b) Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment<sup>3</sup> under the supervision of the health care 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 health care provider, or by a nurse or physician’s assistant 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 cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.).
- 5) 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.
- 6) Multiple Treatments (Non-Chronic Conditions): Any period of absence to receive multiple treatments (including any period of recovery) 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) and kidney disease (dialysis).
- 7) Serious Injury or Illness of a member of the Armed Forces: The term “serious injury or illness”, in the case of a member of the Armed Forces, including a member of the National Guard or Reserves, means an injury or illness incurred by the member in the line of duty on active duty in the Armed Forces that may render the member medically unfit to perform the duties of the member’s office, grade, rank or rating.

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<sup>1</sup> “Incapacity,” for purposes of FMLA, is defined to mean inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment, or recovery.

<sup>2</sup> Treatment includes examinations to determine if a serious health condition exists and evaluations of condition. Treatment does not include routine physical examinations, eye examinations or dental examinations.

<sup>3</sup> A regimen of continuing treatment includes, for example, a course of prescription medicine (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, exercise, and other similar activities that can be initiated without a visit to a health care provider.