City of Milpitas
Human Resources Department
455 E. Calaveras Blvd., Milpitas, CA 95035
(408) 586-3090, FAX: (408) 586-3092 TDD # (408) 586-3013

Family Medical Leave Act (FMLA)
California Family Rights Act (CFRA)

Physician Certification
Serious Health Condition – Employee

TO BE COMPLETED BY EMPLOYEE

Employee Name:	
Position Title:	
Department:	
Employee Signature:	Date:

TO BE COMPLETED BY PHYSICIAN

Indicate "yes" or "no" as to whether a serious health condition exists for the above named employee.

- ☐ Yes
- ☐ No

- Serious health conditions are defined as follows:
  - Any period of incapacity or treatment in connection with a hospital, hospice or residential medical care facility;
  - Any period of incapacity requiring absence from work, school, or regular daily activities of more than three calendar days, that also involves continuing treatment by (or under the supervision of) a health care provider;
  - Continuing treatment by a health care provider for a chronic or long-term health condition that is incurable or so serious that, if not treated, would likely result in a period of incapacity of more than three calendar days;
  - Or prenatal care.

Date Condition Began:	Probable duration of condition:

Continued on Back

Schedule of Treatment

Indicate number of visits, duration of treatment, including referrals to other providers of health services.

Number of Visits: _____

Duration of Treatment:

_____

_____

_____

Referral to other Health Services: Yes _____ No_____

Treatment Type: _____

Include schedule of visits or treatment if it is medically necessary for the employee to be off work on an intermittent basis or to work less than the employee's normal schedule of hours per day or days per week.

Will Patient be off:

Full time: _____

Part-time: _____

If part-time indicate schedule:

_____

_____

_____

❑ Yes	❑ No	Is inpatient hospitalization of the employee required?
❑ Yes	❑ No	Is the employee able to perform work of any kind?
❑ Yes	❑ No	Is the employee able to perform the functions of the employee's position? (Answer after reviewing job description describing essential functions of the employee's position, or, if none provided, after discussing with employee.)

Signature of physician: Date:

CONFIDENTIAL

Please fax back to our CONFIDENTIAL Human Resources fax at (408) 586-3092 or return in the self addressed stamped envelope.