CERTIFICATION OF HEALTH CARE PROVIDER

For Pregnancy Disability Leave, Transfer and/or Reasonable Accommodation

EMPLOYEE NAME: ______________________________

Please certify that, because of this patient's pregnancy, childbirth, or a related medical condition (including, but not limited to, recovery from pregnancy, childbirth, loss or end of pregnancy, or post-partum depression), this patient needs (check all appropriate category boxes):

☐ **TIME OFF FOR MEDICAL APPOINTMENTS:**

Frequency: ____________________ Duration: ____________________

☐ **DISABILITY LEAVE:** *(Because of a patient's pregnancy, childbirth or a related medical condition, patient cannot perform one or more of the essential functions of patient's job or cannot perform any of these functions without undue risk to self, to successful completion of the pregnancy, or to other persons)*

Beginning: ____________________ Ending: ____________________

☐ **INTERMITTENT LEAVE:**

Specify the intermittent leave schedule: ____________________

Beginning: ____________________ Ending: ____________________

☐ **REDUCED WORK SCHEDULE:**

Specify the reduced work schedule: ____________________

Beginning: ____________________ Ending: ____________________

☐ **TRANSFER/BE ASSIGNED TO A LESS STRENUOUS OR HAZARDOUS POSITION OR DUTIES:**

Specify the medically advisable position/duties: ____________________

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Beginning: ____________________ Ending: ____________________

☐ **REASONABLE ACCOMMODATION(S):**

Specify (can include, but not limited to, modifying lifting requirements, providing more frequent breaks, or providing a stool/chair):

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Beginning: ____________________ Ending: ____________________

Printed Name of Health Care Provider: ____________________

Address: ____________________ **City:** ____________________ **State:** _______ **Zip:** ________

Phone Number: ____________________ **FAX Number:** ____________________

Medical Health Care Specialty: ____________________ **License Number:** ____________________

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HEALTH CARE PROVIDER SIGNATURE **DATE**

Authority Cited: Government Code sections 12935, subd. (a), and 12945
Reference: Government Code sections 12940, 12945; FMLA, 29 U.S.C. §2601, et seq. and FMLA regulations, 29 C.F.R. § 825