

Health Care Provider's Certification for Family Members

Family Medical Leave Act of 1993 (FMLA)/California Family Rights Act of 1993 (CFRA)

Complete and return to the employee or CSU East Bay, Human Resources, 25800 Carlos Bee Blvd., SA 2600, Hayward, CA 94542.
If you have questions, please contact our office at (510) 885-3634 or Fax (510) 885-2951. Thank you for your assistance.

SECTION I – For Completion by the Employee

EMPLOYEE: PLEASE COMPLETE SECTION I, AND TAKE THIS FORM TO YOUR HEALTH CARE PROVIDER		
Employee: _____	Dates requested by employee: _____	TO: _____
Name of family member: _____	Relationship of family member to you: _____	
Describe care you will provide to your family member and estimate leave needed to provide care: _____ _____ _____		
Employee signature: _____	Home Phone: _____	Date: _____
EMPLOYEES ARE NOT COMPLETE ANY INFORMATION BELOW.		

SECTION II – For Completion by the Health Care Provider ONLY

Our employee has requested leave under the FMLA/CFRA. Answer, fully and completely all applicable parts. 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. The Health Care Provider is not to disclose the underlying diagnosis without the consent of the patient. Be as specific as you can; terms such as “lifetime,” “unknown,” or “indeterminate” are not sufficient to determine FMLA/CFRA coverage. Limit your response to the condition for which the employee is seeking leave.	
THE GENETIC INFORMATION NONDISCRIMINATION ACT OF 2008 (GINA): The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. “Genetic Information as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.	
1) The reverse side describes what is meant by a “serious health condition” under both the federal Family Medical Leave Act (FMLA) and the California Family Rights Act (CFRA).	
Does the patient’s condition qualify under any of the categories described? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, which type of serious health condition listed applies? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	
2) Date medical condition or need for treatment commenced: _____	
3) Will the patient be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, estimate the beginning and ending dates for the period of incapacity during which the employee’s presence would be beneficial Off full-time for the period of _____ to _____	
4) If the employee has requested leave on an intermittent or reduced schedule leave basis, is it medically necessary for the patient to receive care on an intermittent or reduced schedule basis, including any time for recovery? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Work intermittently for the period of _____ to _____ Estimate how often (frequency) the patient needs care from the employee, if any: (For example: Frequency 1-2 times per month) Frequency: _____ time per; _____ week(s); or per _____(month)	
<input type="checkbox"/> Work on a reduce work schedule for the period of: _____ to _____ Reduced hours from _____ to _____ hours on M T W T H F Sat Sun	
5) Does or will the patient require medical assistance for basic medical, hygiene, nutritional needs, safety or transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	

6) Estimate the period of time care is needed or during which the employee's presence would be beneficial (e.g. doctor visits, treatments, physical therapy, etc):

7) After reviewing the employee's signed statement, does the condition warrant the participation of the employee? ☐ Yes ☐ No
(This participation may include psychological comfort and/or arranging for third-party care for the family member.)

Name of Health Care Provider: _____ Specialty: _____

Address _____ Phone Number: _____

My Signature below verifies that the information provided above is true and accurate.

Signature of Health Care Provider

Date

ELIGIBLE DEPENDENTS UNDER FAMILY MEDICAL LEAVE

An eligible dependent includes:

- Spouse
- Parents
- Child (biological or adopted)
- Domestic Partner

NOTE: The definition of eligible or "immediate" family members under Collective Bargaining Units may include a broader interpretation of a qualified dependent. Under the Family and Medical Leave Act only the above-listed dependents are eligible for care under this leave program.

DEFINITION OF A SERIOUS HEALTH CONDITION

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., an overnight stay) 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.

2. 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:
 - 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 orders of, or on referral by, a health care provider; or
 - Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider.

3. Pregnancy Any period of incapacity due to pregnancy, or for prenatal care. [NOTE: An employee's own incapacity due to pregnancy is covered as a serious health condition under FMLA but not under CFRA.]

4. Chronic Conditions Requiring Treatment

A chronic condition which:

- 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;
- Continues over an extended period of time (including recurring episodes of a single underlying condition); and
- 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

Any period of absence to receive multiple treatments (including any period of recovery there from) 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), kidney disease (dialysis).

A SERIOUS HEALTH CONDITION IS NOT:

- Common colds or the flu
- Ear aches,
- Minor ulcers or upset stomachs,
- Routine dental or orthodontia problems,
- Headaches (but not migraines),
- Periodontal disease, or
- Treatments that involve only over-the-counter medicines, bed rest, exercise, drinking fluids, and other activities that can be done without visiting a health care provider.

Department of Labor regulations for the Family and Medical Leave Act define a "health care provider" as: a doctor of medicine or osteopathy, podiatrist, dentist, chiropractor, clinical psychologist, optometrist, nurse practitioner, nurse-midwife who is authorized to practice by the State and performing within the scope of their practice as defined by State law.

