



Medical Certification form for Family Medical Leave
(To be completed by health care provider)

1. Employee Name	2. Patient's Name (if different then employee)
<p>3. The attached sheet (page 3 of 3) describes what is meant by a "serious health condition" under the Family and Medical Leave Act. Does the patient's condition qualify under any of the categories described? If so, please check the applicable category. Here and elsewhere on this form, the information sought related only to the condition for which leave is being taken. (Please circle one)</p> <ul style="list-style-type: none">1) Hospital Care2) Absence Plus Treatment3) Pregnancy4) Chronic Conditions Requiring Treatments5) Permanent/Long Term Conditions Requiring Supervision6) Multiple Treatments (Non-Chronic Conditions)	
<p>4. A – Describe the medical facts which support your certification, including a brief statement as to how the medical facts meet the criteria of one of these categories:</p> <p>B – State the approximate DATE the condition commenced, and the probable DURATION of the condition:</p>	
<p>5. Complete for a medical leave required because of the EMPLOYEE's own condition. (If this certification relates to care for the employee's seriously ill family member, proceed to #6.)</p> <p>A - Is the employee unable to perform work of any kind?</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No <p>B - If unable to perform work of any kind, give the probable duration of his/her absence from work:</p> <p>C – If the employee is able to perform some work, indicate the number of hours per day the employee will be able to work and the probable duration of the employee's reduced work schedule:</p> <p>D – If the employee is able to return to work, state probable date of return:</p> <p>E – Is the employee able to perform the essential function of their position?</p> <p>F – If no, please list the essential job function the employee is unable to perform:</p>	



Medical Certification form for Family Medical Leave
(To be completed by health care provider)

<p>G – Continuing treatments: If the employee will be absent from work or other daily activities because of regimen of continuing treatment, provide a general description of such regimen, indicating nature of the treatments and the estimate of the probable number of treatments, and dates of treatment if known.</p> <p>H – If any of these treatments will be provided by another provider of health services (e.g., physical therapist), please state the nature of the treatments:</p>
<p>6. If leave is required to care for a FAMILY MEMBER of the employee: Does the patient require assistance for basic medical or personal needs, for safety, or for transportation?</p> <p>If no, would the employee’s presence to provide psychological comfort be beneficial to the patient or assist in the patient’s recovery?</p> <p>If the patient will need care only intermittently or on a part-time basis, please indicate the probable duration of this need:</p>
Signature of Health Care Provider & Date
PRINT – Health Care Provider Name
Type of practice
Mailing address
Telephone & Fax Numbers

Please return the completed form to: Hamline University, Human Resources, MS-C1904
1536 Hewitt Ave, Saint Paul, MN 55104
(F) 651/523-3034 (P) 651/523-2815



Medical Certification form for Family Medical Leave (To be completed by health care provider)

A Serious Health Conditionⁱ 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 incapacityⁱⁱ or subsequent treatment in connection with or consequent to such impairment care.

2) Absence Plus Treatment

A period of incapacity of more than 3 consecutive calendar days (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:

- a) Treatmentⁱⁱⁱ 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, health care provider.
- b) Treatment by health care provider on at least one occasion which results in a regimen of continuing treatment^{iv} 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 health care provider, or by nurse or physician's assistant under 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 not be receiving active treatment by, a health care provider (e.g., for Alzheimer's, sever stroke, or terminal stages of a disease).

6) Multiple Treatments (Non-Chronic Conditions)

Any period of absence to receive multiple treatments (including any period of recovery therefrom) by 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 on 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).

ⁱ Here and elsewhere on this form, the information sought relate only to the condition for which the employee is taking Family or Medical Leave.

ⁱⁱ "Incapacity," for purpose of Family or Medical Leave, is defined to mean inability to work, attend school, or perform other regular daily activities due to the serious health condition, treatment therefor, or recovery therefrom

ⁱⁱⁱ "Treatment" includes examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does not include routine physical examinations, eye examination or dental examinations.

^{iv} "A regimen of continuing treatment" includes, for example, a course of prescription medication (e.g., and 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 slaves; or bed-rest, drinking fluids, exercise, and other similar activates that can be initiated without a visit to a health care provider.