

CERTIFICATION OF HEALTH CARE PROVIDER FOR EMPLOYEE
 Family Medical Leave Act (FMLA) & California Family Rights Act (CFRA)

Please complete this form and return to: CSU East Bay, Human Resources, 25800 Carlos Bee Blvd., SA 2600, Hayward, CA 94542 Phone (510) 885-3634 or Fax (510) 885-2951.

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: _____

Job Title: _____ Regular work schedule: _____

Employee Signature: _____ Home Phone _____ Date: _____

EMPLOYEES ARE NOT TO COMPLETE SECTION BELOW

SECTION II - For Completion by the Health Care Provider ONLY

Your patient (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. Be as specific as you can; terms **such as “lifetime,” “unknown,” or “indeterminate” are not sufficient to determine FMLA/CFRA coverage.** Limit your responses 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.

NOTE: DO NOT DISCLOSE THE EMPLOYEE’S UNDERLYING DIAGNOSIS WITHOUT HIS/HER CONSENT

Does the patient’s medical condition qualify under any of the “serious health condition” categories described under both the FMLA/CFRA? (See reverse side for definition) Yes No

If yes, please check the appropriate category(s): 1 2 3 4 5 6

Date medical condition or need for treatment commenced?

Period of Time Required: Based on the patient’s medical history and your knowledge of medical condition, estimate the type of absence and period

Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? Yes No

Off work for the period of _____ to _____ Anticipated return to work date _____

Work intermittently for the period of _____ to _____
 Estimate how often (Frequency) and how long each episode of patient incapacity will last (duration).
 (For example: Frequency: 1-2 times per month, duration 2-3 hours)

Frequency: _____ times per _____ week(s); or per _____ Month(s)

Duration: _____ hours or _____ day(s)

Work on a reduced work schedule for the period of _____ to _____

Reduced hours: From _____ to _____ hours on: M T W Th F Sat Sun

Comments: _____

If the employee is able to work a reduced or intermittent work schedule, is employee able to perform work of any kind? Yes No

If so - are there any essential functions the employee is not able to perform? (Answer after reviewing job description, or, if none provided, after discussing with employee) _____

Will the employee need to attend follow-up treatment or appointments because of the employee's medical condition? Yes No

If yes – Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period: _____

Does the employee require other medical accommodations? If yes, please describe: Yes No

Name of Health Care Provider: _____ Specialty: _____

Address _____ Phone Number: _____

My Signature below verifies that the information provided above is true and accurate. Fax Number: _____

Signature of Health Care Provider

Date

DEFINITION OF A SERIOUS HEALTH CONDITION

A serious health condition is any illness, injury, impairment, physical or mental condition that involves:

1. Any period of incapacity or treatment in connection with or consequent to an overnight stay in a hospital, hospice, or residential medical care facility.
2. Continuing treatment by a health care provider for one or more of the following:
 - any period of incapacity for more than three consecutive days that also involves treatment two or more times; or
 - treatment on at least one occasion which results in a regimen of continued treatment under the supervision of a health care provider
3. Any period of incapacity due to pregnancy, for prenatal care.
4. Any period of incapacity due to a chronic serious health condition that:
 - requires periodic visits for treatment; or
 - continues over an extended period of time; or
 - may cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.)
5. Any period of incapacity which is long-term that requires continuing supervision, with or without active treatment (e.g., Alzheimer's, severe strokes, and the terminal stages of diseases).
6. Any period of absence required to receive multiple treatments (including the period of recovery) either for restorative surgery after an accident or other injury, or for a chronic condition such as cancer, or kidney disease. Treatment includes but is not limited to chemotherapy, physical therapy for severe arthritis, and 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.