

**CERTIFICATION OF PHYSICIAN OR PRACTITIONER**

**EMPLOYEE HEALTH CONDITION**

Return To: Human Resources, University of Oregon  
463 Oregon Hall, Eugene OR 97403-5210

**I. Employee's Name:** \_\_\_\_\_

A. If the employee's condition qualifies under any of the following categories for serious health conditions, please check them. See back for a definition of each category.

- (1) Hospital Care
- (2) Absence Plus Treatment
- (3) Pregnancy (Incapacity)
- None apply
- (4) Chronic Conditions Requiring Treatments
- (5) Permanent/Long-term Conditions Requiring Supervision
- (6) Multiple Treatments (Non-Chronic Conditions)

B. Describe the medical facts that support the category you checked: \_\_\_\_\_

C. Date condition commenced: \_\_\_\_\_

D. Length of incapacitation: \_\_\_\_\_

**II. First Day off Work:** \_\_\_\_\_

A. Is employee able to perform work of any kind during the period of incapacity?

- Yes
- No (If 'no', skip to III)

If yes, please describe:

Reduced Schedule Date Reduced Schedule begins: \_\_\_\_\_

Please indicate number of hours per day/days per week, etc. employee may work.

Intermittent Leave Date Intermittent Schedule begins: \_\_\_\_\_

Please describe schedule and length of time for intermittent leave schedule. Regimen of treatment to be prescribed. (Indicate number of visits, general nature and duration of treatment, including referral to other provider of health services. 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.)

B. Is employee able to perform the functions of employee's position during the period of incapacity? (Answer after reviewing statement from employer of essential functions of employee's position or, if none provided, after discussing with employee).

- Yes, can perform all functions.
- No, cannot perform at least one of the functions. List functions employee is unable to perform:

**III. Date employee can return to regular work without restrictions:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Type of Practice

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<sup>1</sup> or subsequent treatment in connection with or consequent to such inpatient care.

2. Absence Plus Treatment

- a. 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:
- (1) **Treatment<sup>2</sup> 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**
  - (2) **Treatment** by a health care provider on **at least one occasion** which results in a **regimen of continuing treatment<sup>3</sup>** under the supervision of a 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 a health care provider, or by a 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 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 (Non-Chronic Conditions)

Any period of absence to receive **multiple treatments** (including any period of recovery therefrom) 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)

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<sup>1</sup>**"Incapacity,"** for purposes of FMLA, is defined to mean inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefore, or recovery therefrom.

<sup>2</sup>Treatment includes examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does not include routine physical examinations, eye examinations, or dental examinations.

<sup>3</sup>A regimen of continuing treatment includes, for example, a course of prescription medication (e.g., an 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 salves; or bed-rest, drinking fluids, exercise, and other similar activities that can be initiated without a visit to a health care provider.