

CERTIFICATION OF PHYSICIAN OF PRACTITIONER

FAMILY MEMBER HEALTH CONDITION

RETURN TO: Human Resources, University of Oregon, 463 Oregon Hall, Eugene OR 97403-5210

1. Employees Name: _____

2. Family Member/Patient's Name (and relationship to employee): _____

3. If the patient's condition¹ 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

_____ 4. Chronic Conditions Requiring Treatments

_____ 2. Absence Plus Treatment

_____ 5. Permanent/Long-term Conditions Requiring Supervision

_____ 3. Pregnancy (Incapacity)

_____ 6. Multiple Treatments (Non-Chronic Conditions)

_____ None Apply

Describe the medical facts that support the category you checked:

4. Date patient's condition commenced: _____

5. Probable Duration of patient's incapacity: _____

6. Does (or will) the patient require assistance for basic medical, hygiene, nutritional needs, safety or transportation?
Yes _____ No _____

7. After review of the employee's signed statement below, is the employee's presence necessary or would it be beneficial for the care of the patient? (This may include psychological discomfort.) Yes _____ No _____

8. Estimate the period of time care is needed or the employee's presence would be beneficial

TO BE COMPLETED BY THE EMPLOYEE NEEDING FAMILY LEAVE

When Family Leave is needed to care for a seriously ill family member, the employee shall state the care he or she will provide and an estimate of the time period during which this care will be provided, including a schedule if leave is to be taken intermittently or on a reduced leave schedule.

Employee Signature: _____

Date: _____

9. Print name of Physician or Practitioner: _____

Date: _____

10. Print Type of Practice (Specialization, if any) _____

Signature of Physician or Practitioner _____

¹ Here and elsewhere on this form, the information sought relates only to the condition for which the employee is taking FMLA leave.

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 incapacity² 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**³ **two or more times** by health care provider, by a nurse or physician’s assistant under direct supervision of 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 on occasion** which results in a **regimen of continuing treatment**⁴ 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, radiations, etc.), severe arthritis (physical therapy), kidney disease (dialysis).

² “**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 there from.

³ Treatment includes examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does not include routine physical examinations, or dental examinations.

⁴ 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.