

# CERTIFICATION OF PHYSICIAN OR PRACTITIONER

The following information is sought in connection with an employee's request for leave under the Family and Medical Leave Act of 1993. A copy of the definitions adopted by Department of Labor is on the back side of this form. Questions about these issues should be directed to Champlain College.

1. Employee's Name \_\_\_\_\_
2. Patient's Name (if other than employee):
  - a. Relationship to employee \_\_\_\_\_
  - b. If patient is over age 18 and is the son or daughter of employee, does patient have a physical or mental disability that limits the patient's ability to perform any of the activities of daily life? Yes\_\_\_\_ No\_\_\_\_  
If yes, specify the disability \_\_\_\_\_
3. Diagnosis \_\_\_\_\_
4. Date condition commenced \_\_\_\_\_ 5. Probable duration of condition \_\_\_\_\_
6. Regimen of treatment prescribed (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):
  - a. By Physician or Practitioner \_\_\_\_\_
  - b. By another provider of health services, if referred by Physician or Practitioner \_\_\_\_\_

**If this certification relates to care for the employee's seriously-ill family member, skip items 7, 8 and 9 and proceed to items 10 through 14 below. Otherwise, continue below.**

Check **Yes** or **No** in the boxes below, as appropriate.

- |    | Yes                      | No                       |  |
|----|--------------------------|--------------------------|--|
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Is inpatient hospitalization of the employee required?   |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Is employee able to perform work of any kind? (If "No", skip Item 9)   |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Is employee able to perform the functions of employee's position? (Answer after reviewing statement from Champlain College of essential functions of employee's position, or, if none provided, after discussing with employee.) |

**For certification relating to care for the employee's seriously-ill family member, complete items 10 through 14 below as they apply to the family member.**

- |     | Yes                      | No                       |  |
|-----|--------------------------|--------------------------|--|
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Is inpatient hospitalization of the family member (patient) required?  |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Does (or will) the patient require assistance for basic medical, hygiene, nutritional needs, safety or transportation?   |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | After reviewing the employee's signed statement (see item 14 below), is the employee's presence necessary or would it be beneficial for the care of the patient? (This may include psychological comfort.) _____ |
| 13. |                          |                          | Estimate the period of time care is needed or the employee's presence would be beneficial _____  |

**Item 14 is to be completed by employee needing family leave.**

14. 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 \_\_\_\_\_

Physician's or Practitioner's Signature \_\_\_\_\_ Type of Practice \_\_\_\_\_ Date \_\_\_\_\_

## FAMILY AND MEDICAL LEAVE ACT OF 1993

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to "eligible" employees for certain family and medical reasons. Employees are eligible if they have worked for a covered employer for at least one year, and for 1,250 hours over the previous 12 months, and if there are at least 50 employees within 75 miles.

### Reasons for Taking Leave

1. Unpaid leave must be granted for any of the following reasons:
  - a. To care for the employee's child after birth, or placement for adoption or foster care.
  - b. To care for the employee's spouse, son or daughter, or parent, who has a serious health condition.
  - c. For a serious health condition that makes the employee unable to perform the employee's job. At the employee's or employer's option, certain kinds of paid leave may be substituted for unpaid leave.

### Advance Notice and Medical Certification

1. The employee may be required to provide advance leave notice and medical certification. Taking of leave may be denied if requirements are not met.
  - a. The employee ordinarily must provide 30 days advance notice when the leave is "foreseeable."
  - b. An employer may require medical certification to support a request for leave because of a serious health condition, and may require second or third opinions (at the employer's expense) and a fitness for duty report to return to work.

### Job Benefits and Protection

1. For the duration of FMLA leave, the employer must maintain the employee's health coverage under any "group health plan."
2. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.
3. The use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

### Unlawful Acts by Employers

1. FMLA makes it unlawful for any employer to:
  - a. Interfere with, restrain, or deny the exercise of any right provided under FMLA;
  - b. Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

### Enforcement

1. The U.S. Department of Labor is authorized to investigate and resolve complaints of violations.
2. An eligible employee may bring a civil action against an employer for violation.
3. FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

### For Additional Information

1. Contact the nearest office of the Wage and Hour Division, listed in most telephone directories under U.S. Government, Department of Labor.