

*City of*  
**SACRAMENTO**  
Certification of Health Care Provider

To be Completed by the Health Care Provider

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Patient's Name (if other than employee)

\_\_\_\_\_  
Relationship to Employee

Medical facts which support a Serious Health Condition\* as defined by FMLA/CFRA:

Does the patient's condition qualify under any of the categories described on page 2?

Yes                    1                    2                    3                    4                    5                    6                    NO

**I. Care for a Family Member**

The patient is a family member with a Serious Health Condition\* which would require the employee to take time off work to provide basic medical, personal or safety needs, transportation or psychological comfort. The probable duration and frequency of this need is:

Block of Time        \_\_\_\_\_ to \_\_\_\_\_

Intermittent Dates: \_\_\_\_\_ to \_\_\_\_\_        Days per Week/Month \_\_\_\_\_

*Additional Info:*

**II. Personal Illness**

The patient is the employee with a Serious Health Condition\* commenced on \_\_\_\_\_

Patient is unable to work:        Begin Date: \_\_\_\_\_ Through Date \_\_\_\_\_

Patient has restrictions:        Begin Date: \_\_\_\_\_ Through Date \_\_\_\_\_

Modified Work:

Patient requires intermittent leave due to Serious Health Condition\*

Begin Date: \_\_\_\_\_ Through Date: \_\_\_\_\_

Hrs/Days \_\_\_\_\_ Every \_\_\_\_\_ (week/month)

Patient requires a reduced schedule leave due to Serious Health Condition\*.

Begin Date \_\_\_\_\_ Through Date: \_\_\_\_\_

Hrs/Days \_\_\_\_\_ Every \_\_\_\_\_ (week/month)

*Additional Info:*

\_\_\_\_\_  
Health Care Provider Name

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

Serious Health Condition (SHC) is defined by Title 29 825.113.115 as Inpatient overnight stay in a hospital, hospice or residential medical facility; Continuing Treatment defined as Incapacity and Treatment, Pregnancy or Parental Care, Chronic Conditions, Permanent or Long-Term Conditions, and Conditions requiring multiple treatments. Please see page two (2) for additional information.

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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 period of incapacity<sup>1</sup> of **more than three consecutive calendar days** (including any subsequent treatment or period of incapacity<sup>1</sup> 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 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:

1. 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;

2. Continues over an **extended period of time** (including recurring episodes of a single underlying condition);

3. May cause **episodic** rather than a continuing period of incapacity<sup>1</sup> (*e.g.*, asthma, diabetes, epilepsy, etc.).

5. Permanent/Long-term Conditions Requiring Supervision

A period of **incapacity<sup>1</sup>** 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<sup>1</sup> 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).

<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 therefor, 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.

"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 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."