

Family Leave Pool Health Care Provider Medical Certification

Employee Name: _____ Patient Name: _____

To be completed by licensed practitioner

Please answer, fully and completely. Answers should be your best estimate based upon your knowledge, experience and examination of the patient. Be as specific as possible; terms such as “unknown or indeterminate” may not be sufficient to determine if pool donation criteria is met. An employee requesting Family Leave Pool for reasons described below must provide a Family Leave Pool Health Care Provider Medical Certification form. The form must include the expected duration of the condition and expected return to work date.

Describe relevant medical facts, related to the patient’s condition (symptoms, diagnosis, etc.)

1) Employee Serious Medical Condition (Including Pandemic Related Illness): a major illness or other medical condition (e.g., heart attack, cancer, etc.,) that required prolonged absence from work, including intermittent absences that are related to the same illness or condition.

Does this employee meet the definition of Serious Medical Condition? Yes No

2) Family Member Serious Medical Condition (Including Pandemic Related Illness): a major illness or other medical condition (e.g., heart attack, cancer, etc.) that required a prolonged absence from work, including intermittent absences that are related to the same illness or condition.

Does this employee meet the definition of Serious Medical Condition? Yes No

3) Birth of a Child Yes No

4) An extenuating circumstance created by an ongoing pandemic, including providing essential care to a family member:

Yes No

5. Approximate date condition(s) commenced and date(s) you treated patient:

6. Expected duration of the condition or combination of conditions that will prevent our employee from working?

First Date of Expected Leave: _____ Expected Return to Work Date: _____

Licensed Practitioner Signature: _____

Printed Name: _____ Date: _____ Phone: _____

Type of Practice: _____ Fax: _____