

FAIR EMPLOYMENT & HOUSING COMMISSION  
CERTIFICATION OF HEALTH CARE PROVIDER

[California Family Rights Act of 1993 (CFRA)]

1. Employee's Name: \_\_\_\_\_

2. Patient's Name (If other than employee): \_\_\_\_\_

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3. Date medical condition or need for treatment commenced  
[NOTE: THE HEALTH CARE PROVIDER IS NOT TO DISCLOSE THE UNDERLYING DIAGNOSIS WITHOUT THE CONSENT OF THE PATIENT]:

4. Probable duration of medical condition or need for treatment: \_\_\_\_\_

5. The attached sheet describes what is meant by a "serious health condition" under both the federal Family and Medical Leave Act (FMLA) and the ct (FMLA) and the ct (FM

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

\_\_\_\_\_

9. Please answer the following question only if the employee is asking for intermittent leave or a reduced work schedule.

YES  NO Is it medically necessary for the employee to be off work on an intermittent basis or to work less than the employee's normal work schedule in order to deal with the serious health condition of the employee or family member?

If the answer to 9 is yes, please indicate the estimated number of doctor's visits, and/or estimated duration of medical treatment, either by the health care practitioner or another provider of health services upon referral from the health care provider.

\_\_\_\_\_

ITEM 10 IS TO BE COMPLETED BY THE EMPLOYEE NEEDING FAMILY LEAVE.  
\*\*\*\*TO BE PROVIDED TO THE HEALTH CARE PROVIDER UNDER SEPARATE COVER.

10. When family care 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 work schedule:

\_\_\_\_\_

11. Signature of health care provider:

\_\_\_\_\_

Date: \_\_\_\_\_

12. Signature of Employee:

\_\_\_\_\_

Date: \_\_\_\_\_

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## SERIOUS HEALTH CONDITION

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 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 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