

Family Care and Medical Leave Certification

Employee to complete upper portion

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|--|---|--------------------------------------|
| <i>Employee's Name</i> | <i>Patient's Name, if other than employee</i> | <i>Relation to Employee</i> |
| <i>Supervisor's Name</i> | <i>Department / Address</i> | <i>Phone Number</i> |
| As this leave is for my own serious health condition, I authorize my health care provider to provide information as requested to the University of California. | | <i>Date requested leave to begin</i> |
| <i>Employee's Signature</i> | <i>Date</i> | <i>Date requested leave to end</i> |

Health Care Provider to complete remainder

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|---|---|----------------------------|----------------------------|
| <i>Employee with serious health condition</i> | Does this employee have a serious health condition? <i>(See reverse side for definition.)</i> | YES | NO |
| | | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | Date the serious health condition began, or date seen for this condition | | |
| | Please review the attached job description. Is this employee able to perform the essential functions of this job? | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| | If intermittent leave or a reduced work schedule is being considered, is it medically necessary? | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| If YES, please describe the recommended schedule. | | | |
| Anticipated return to work date | | | |

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|---|---|-----------------------------|-----------------------------|
| <i>Serious health condition of employee's family member</i> | Does employee's family member have a serious health condition? <i>(See reverse side for definition.)</i> | YES | NO |
| | | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| | Date the serious condition began, or date seen for this condition | | |
| | Is the employee's presence necessary or would it be beneficial to the patient? <i>(This may include psychological comfort and/or arranging for third-party care for the family member.)</i> | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |
| | If intermittent leave or a reduced work schedule is being considered, is it medically necessary? | <input type="checkbox"/> 11 | <input type="checkbox"/> 12 |
| If YES, please describe the recommended schedule. | | | |
| Anticipated return to work date | | | |

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| <i>Name of Health Care Provider</i> | <i>Specialty</i> |
| <i>Address</i> | |
| <i>Signature</i> | <i>Date</i> |

A "serious health condition" is an illness, impairment, or physical or mental condition that involves one of the following:

- **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.
- **Absence plus treatment.** 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 regimen of continuing treatment under the supervision of a health care provider.
- **Pregnancy.** Any period of incapacity due to pregnancy, or for prenatal care.
- **Chronic condition requiring treatment.** 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); and
 3. may cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.).
- **Permanent/long-term condition.** 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.
- **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, radiation, etc.), severe arthritis (physical therapy), kidney disease (dialysis).