

**Family and Medical Leave Act
Serious Health Condition Certification**

**PA STATE SYSTEM OF HIGHER EDUCATION
Employee Form**

FOR THE EMPLOYEE TO COMPLETE:

Employee		Employee Number #
Campus Mansfield University	Work Location	

FOR THE HEALTH CARE PROVIDER TO COMPLETE:

1. When did the condition commence?

2. When did the incapacity commence?

3. Is the patient presently incapacitated?
 Yes No If no, when was the employee able to return to work?

- A. If yes, is the employee unable to perform work of any kind?
 Yes No

- B. If yes, what are the physical or mental impairments that prevent the employee from being able to work?

- C. If yes, what essential functions (essential functions attached) of the job can the employee not perform?

- D. If yes, what is the prognosis and expected date of returning to light duty or full duty work?

4. Has a regimen of continuing treatment been prescribed?
 Yes No

- A. If yes, please describe the type of treatment, i.e. physical therapy, prescription drugs, etc.

- B. If yes, has the employee completed the regimen?
 Yes No

- C. If yes, and the employee has not completed the regimen, can the employee work while continuing on such regimen? If no, why?
 Yes No

5. Are additional treatments required for this condition?
 Yes No

- A. If yes, where will the treatments be provided? If not in your office, will you remain involved with the treatment?

- B. If yes and if known, what are the dates of the next several treatments?

- C. If yes, how long will treatments continue?

- D. If yes, how long will the employee be incapacitated before and after such treatments?

6. Will it be necessary or possible for the employee to work intermittently or on a less than full schedule?

- Yes No

A. If yes, what schedule can the employee work?

B. If yes, what is the probable duration of such intermittent or reduced-time work?

7. Upon recovery, is it likely that episodes of incapacity will arise? If yes, how frequently?

- Yes No

A "serious health condition" is an illness, injury, impairment, or physical or mental condition. Please check all blocks that apply to the patient's serious health condition.

Hospital Care.

Inpatient (not outpatient) care 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 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 (ex. 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. A regimen of continuing treatment does not include taking over-the-counter medications, bed-rest, drinking fluids, exercise, or other similar activities that could be initiated without a visit to a health care provider.

Pregnancy.

Any period of incapacity due to pregnancy or for prenatal care.

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 the 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 (asthma, diabetes, epilepsy, etc.)

Permanent/Long-term Conditions Requiring Supervision.

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, 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).

None of the above.

Describe the medical facts and how they support the above selected serious health condition category.

Signature of Health Care Provider

Type of Practice

Date

Health Care Provider Name and Address (please print)

Health Care Provider Telephone Number