

CERTIFICATION BY HEALTHCARE PROVIDER

EMPLOYEE'S OWN HEALTH CONDITION

Return to: Human Resources, 677 East 12th Ave., Ste. 400
5210 University of Oregon, Eugene OR 97403-5210
Fax: 541-346-2548

I. Employee's Name: _____

A. If the employee's condition qualifies under any of the following categories for serious health conditions, please check all applicable categories and provide the supporting medical facts. See the back of this form for a definition of each category.

- (1) Hospital Care
- (2) Absence Plus Treatment
- (3) Pregnancy (Incapacity)
- (4) Chronic Conditions Requiring Treatments
- (5) Permanent/Long-term Conditions Requiring Supervision
- (6) Multiple Treatments (Non-Chronic Conditions)

B. Medical facts that support the category(ies) checked: _____

C. Date condition commenced: _____

D. Length of incapacitation: _____

II. First day employee missed work due to serious health condition: _____

A. Is employee able to perform work of any kind during the period of incapacity?

- Yes
- No (If 'no', skip to III)

If yes, please describe:

Reduced Schedule Date Reduced Schedule begins: _____

Please indicate the number of hours per day/days per week, etc. employee may work.

Intermittent Leave Date Intermittent Schedule begins: _____

Please describe the schedule and length of time for intermittent leave, as well as the regimen of treatment to be prescribed. Indicate the schedule of visits or treatment, general nature and duration of treatment, including referral to other healthcare providers, if it is medically necessary for the employee to be off work on an intermittent basis or to work less than the employee's normal schedule of hours per day or days per week.

B. Based on the essential functions of the employee's position, is the employee able to perform the functions of their position during the period of incapacity?

- Yes, they can perform all functions.
- No, they cannot perform at least one of the functions. List the functions the employee is unable to perform:

III. Date employee can return to regular work without restrictions: _____

Signature of Healthcare Provider

Date

Address

Type of Practice

A “**Serious Health Condition**” means an illness, injury, impairment, or physical or mental condition that involves one of the following categories:

1. Hospital Care

Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity¹ 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) **Treatment² 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 treatment³** under the supervision of a 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:

- a. 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;
- b. Continues over an **extended period of time** (including recurring episodes of a single underlying condition); and
- c. May cause **episodic** rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.).

5. 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, 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 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)

NOTE TO 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 family medical history, the results of an individual’s or family member’s 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.

¹“**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 therefore, or recovery therefrom.

²Treatment 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.

³A 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.