

**DENISON UNIVERSITY
CERTIFICATION OF PHYSICIAN OR PRACTITIONER
(FAMILY AND MEDICAL LEAVE ACT OF 1993)**

Appendix 1

To: Physician or other Health Care Provider

The following information is sought in connection with faculty/staff member's request for leave under the Family Medical Leave Act of 1993. A copy of the definitions adopted by the Department of Labor is attached. Questions about these issues should be directed to the employer.

1. Faculty/staff member's name: _____
2. Patient's name (if other than employee): _____
 - a. What is the relationship of the patient to the employee: _____
 - b. If the patient is over age 18 and is the son or daughter of the employee, does the patient have a physical or mental disability that limits the patient's ability to perform any of the activities of daily life? Yes ___ No ___
3. Diagnosis: _____
4. Is this condition a chronic condition or disability that is incurable? Yes ___ No ___
If the answer is yes, skip to question 9.
5. Date the patient became incapacitated from work, school, or daily activities:

6. Date the patient was no longer incapacitated (if applicable): _____
7. If the condition had not resulted in incapacity for more than three calendar days, would the condition result in incapacity for more than three calendar days if left untreated?
Yes ___ No ___
8. Did this condition result in in-patient hospitalization (i.e., an overnight stay)?
Yes ___ No ___
9. Regime of treatment prescribed. (Indicate number of visits, general nature and duration of treatment, including referral to other providers of health services). Include schedule of visits or treatment if it was or is medically necessary for the patient to be off work on an intermittent basis or to work less than the patient's normal work schedule of hours per day or days per week.
 - a. By physician or practitioner: _____
 - b. By another provider of health services, if referred by physician or practitioner:

Instruction: If the certification relates to care for the employee, answer questions 10, 11 and 12. If the certification relates to care for an employee's seriously ill family member, skip questions 11 and 12 and proceed to items 13 through 16.

10. If the condition is one which makes 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, and there is no specific prescribed regime of treatment, state the aspects of the condition that make intermittent or reduced schedule leave "medically necessary." Indicate the reduction of hours per day or per week that is medically necessary, if applicable, and whether a particular schedule (e.g., off Tuesday) is medically necessary. If leave was or is intermittent indicate the medical necessity for intermittent leave.

11. Is the employee unable to perform work of any kind because of a serious health condition?
Yes ___ No ___ Don't know ___

12. Is the employee unable to perform the essential functions of the employee's position because of the serious health condition? (To determine the essential functions of the employees positions, review a statement from Denison University of the essential functions of the employee's position or, if none is provided, after discussing the job with the employee.)
Yes ___ No ___ Don't Know ___

a. What essential functions(s) cannot be performed because of the serious health condition? _____

b. Are there any accommodations that would enable the employee to perform these functions without posing a significant risk of injury to the employee or others?

Instruction: For certification relating to care for the employee's seriously ill family member, complete 13 through 16 as they apply to the family member.

13. Does or will the patient require assistance for basic medical, hygiene, nutritional needs, safety or transportation? Yes ___ No ___ Don't Know ___

14. After review of the employee's signed statement (question 17) is the employee's presence necessary, or would it be beneficial for the care of the patient? (This may include psychological comfort). Yes ___ No ___ Don't know ___

15. Estimate the period of time care is needed or the employee's presence would be beneficial:

16. Is it medically necessary for the employee to take leave on an intermittent or reduced schedule? Yes ___ No ___ Don't Know ___

Instruction: Item 17 is to be completed by the employee needing family leave.

17. When family 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 of care if leave is to be taken intermittently or on a reduced leave schedule. The employee shall also state to what extent, if any, the employee will be engaged in other employment during the period of FMLA leave, and the schedule of any such employment.

Employee's signature: _____ Date: _____

18. Signature of physician or practitioner: _____ Date: _____

19. Type of practice (include field of specialization, if any): _____

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Definitions:

1. "Son or daughter" means a biological, adopted, or foster child, a step-child, a legal ward, or a child of a person acting as a parent, who is either under age 18, or age 18 or older and is "incapable of self-care because of a mental or physical disability."
2. "Spouse" means a husband or wife as defined and recognized under state law for purposes of marriage, including common law marriage, in state where it is recognized.
3. "Domestic Partner" means same-sex partner as certified by an Affidavit of Domestic Partnership filed with the Office of Human Resources. As a matter of law, leave taken for a domestic partner is not covered by the Federal FMLA. In this manner, Denison's policy goes beyond the federal requirements.
4. "Parent" means biological parent or an individual who stands or stood as the faculty/staff member's parent when the faculty/staff member was a child. This term does not include parents "in-law."
5. "Serious health condition" is defined as an illness, injury, impairment or physical or mental condition that involves a period of incapacity or treatment following in-patient care in a hospital, hospice, or residential medical care facility; a period of incapacity requiring more than three days' absence from work and continuing treatment by a health care provider; or continuing treatment by a health care provider for a chronic or long-term health condition that is so serious that, if not treated would likely result in incapacity of more than three days; or continuing treatment by or under the supervision of a health care provider of a chronic or long-term condition or disability that is incurable; pre-natal care.