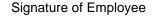


ription of the patient blease incondition c chedule c tent basis cation re bugh 13.	<pre>(if other than employee)</pre>
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🗆 No	Is employee able to perform work of any kind? Is employee able to perform the functions of employee's position?
□ No	Is employee able to perform the functions of employee's position?
ation re	lates to caring for the employee's seriously ill family member, complete items 9 through
	he family member and proceed to items 12 through 13.
🗆 No	Is patient hospitalization of the family member (patient) required?
🗆 No	Does (or will) the patient require assistance for basic medical, hygiene, nutritional, safety, or
□ No	After reviewing the employee's signed statement, is the employee's presence necessary or would it be beneficial for the care of the patient? (This may include psychological comfort.)
ed time o	care is needed or employee's presence is needed
	vider Information:
n's Name	Type of practice
i	Phone
е	Date
c r	Care Pro

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 employees or their family members. In order 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 member's genetic tests, the fact that an individual or an individual's family member sought or received 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.



Date



## Description of what is meant by *Serious Health Condition* under the Family and Medical Leave Act (FMLA) of 1993.

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 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:
    - i. **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
    - ii. **Treatment** by a health care provider **on at least one occasion** which results in **a regimen of continuing treatment** under the supervision of the 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 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 there from) 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).