UINTAH BASIN MEDICAL CENTER
CERTIFICATION OF HEALTH CARE PROVIDER
(Family Medical Leave Act)

1. Employee's Name: _____

2. Patient's Name (If different from employee):_____

3. The attached sheet describes what is meant by a "serious health condition" under the Family Medical Leave Act. Does the patient's condition qualify under any of the categories described? If so, please check the applicable category.
   Hospital Care
   Absence Plus Treatment
   Pregnancy
   Chronic Conditions Requiring Treatments
   Permanent/Long-term Conditions Requiring Supervision
   None of the Above

4. Describe the medical facts which support your certification, including a brief statement as to how the medical facts meet the criteria of these categories:_____
   _____
   _____
   _____

5. State the approximate date the condition commenced:_____ and the probable duration of the condition _____ (and also the probable duration of the patient's present incapacity if different):_____
   _____
   _____

   Will it be necessary for the employee to take work only intermittently or to work on a less than full schedule as a result of the condition (including for treatment describe in Item 6 below)? Yes No
   (If yes, give the probable duration: _____

   If the condition is a chronic condition or pregnancy, state whether the patient is presently incapacitated and the like duration and frequency of episodes of incapacity:_____
   _____
   _____

6. If additional treatments will be required for the condition, provide an estimate of the probable number of such treatments._____
   _____
   _____

If the patient will be absent from work or other daily activities because of treatment on an intermittent or part-time basis, also provide an estimate of the probable number and interval between such treatments, actual or estimated dates of treatment if known, and period required for recovery if any:_____
_____
_____

If any of these treatments will be provided by another provider (i.e., physical therapist, please state the nature of treatments:_____
_____
_____

If a regimen of continuing treatment by the patient is required under your supervision, provide a general description of such regimen (i.e., prescription drugs, physical therapy requiring special equipment):_____
_____
_____

7. If leave is required to care for a family member of the employee with a serious health condition, does the patient require assistance for basic medical or personal needs? Yes ☐ No ☐

   If the patient will need care only intermittently or on a part-time basis, please indicate the probable duration of this need:_____
   _____
   _____

_____ _____
Signature of Health Care Provider Type of Practice

_____ _____
Address Telephone Number

A "**Serious Health Condition**" means an illness, injury, impairment, or physical or medical condition that involves one of the following:

1. <u>Hospital Care</u>

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.

2. <u>Absence Plus Treatment</u>

A period of incapacity of more than three consecutive calendar days (including any subsequent treatment of period of incapacity relating to the same condition), than 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 (i.e., 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 the health care provider.

3. <u>Pregnancy</u>

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

4. <u>Chronic Conditions Requiring Treatments</u>

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 (i.e. asthma, diabetes, epilepsy, etc.

5. <u>Permanent/Long-term Conditions Requiring Supervision</u>

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, but need not be receiving active treatment, of a health care provider. Examples include Alzheimers, a severe stroke, or terminal stages of disease.

6. <u>Multiple Treatments (Non Chronic Conditions)</u>

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).

"Incapacity", for purposes of the 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.

Treatment 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.

A regimen of continuing treatment includes, for example, a course of prescription medications (i.e., an antibiotic) or therapy requiring special equipment tot resolve or alleviated the health condition. A regimen of treatment does not include the taking of over-the-counter medications such as aspirin, antihistamines, salve, bed-rest, drinking fluids, exercise, and other similar activities that can be initiated without a visit to a health care provider.