

CFRA Certification of Health Care Provider
for the Serious Health Condition

INSTRUCTIONS FOR THE EMPLOYEE: CFRA permits your employer to require that you submit a timely, complete, and sufficient medical certification to support a request for CFRA leave due to your own or family member's serious health condition. Failure to provide a complete and sufficient medical certification may result in a denial of CFRA leave.

PATIENT'S NAME: _____

RELATIONSHIP TO YOU:

Self Child Parent Spouse Domestic Partner Grandparent Grandchild Sibling

As applicable, statement of care that you will provide to your seriously ill family member and an estimate of the time period and schedule of leave such care will be provided: _____

Employee Signature

Date

INSTRUCTIONS FOR HEALTHCARE PROVIDER: This form requests only the information allowed under the California Family Rights Act (CFRA). Definitions of a *serious health condition* under CFRA are located on page 2. Please answer all questions related to the condition for which leave is requested **based upon your medical knowledge, experience, and examination of the patient**. Do not disclose a diagnosis without consent of the patient nor submit additional information beyond that required in this form. Please do not provide any information regarding the patient's family medical history, results of a genetic test, or information regarding genetic services in compliance with CalGINA. If the certification is not completed in English, the employee may be asked to furnish a translation.

1. Does the patient's condition qualify as a *serious health condition* under CFRA? Yes No
2. Approximate date symptoms/medical condition or need for treatment started: _____
3. Probable duration of medical condition or need for treatment: _____
4. Is it medically necessary for the employee to work less than their normal work schedule due to the serious health condition for care/treatment of self or a family member? Yes No

If yes, provide an *estimate* of the total amount of leave needed on a continuous and/or intermittent basis:

- a. Continuous period of incapacity/need for care: From _____ through _____
 - b. Medical visits/treatment: ____ times per week/month (circle one) lasting ____ hours/days (circle one) for each appointment, including any recovery period
 - c. Recurring episodes: ____ times per day/week/month (circle one) lasting ____ hours/days (circle one)
 - d. Part-time/reduced schedule: ____ hour(s) per day; ____ day(s) per week from _____ through _____
5. If the employee is the patient, are they unable to perform work of any kind or unable to perform one or more essential job functions due to period(s) of incapacity, including any time for treatment/recovery? Yes No

CFRA Certification of Health Care Provider
for the Serious Health Condition

6. If the family member is the patient, does the condition warrant the participation of the employee to provide care for basic medical, hygiene, nutritional needs, safety, transportation, or psychological comfort and/or to arrange for third-party care? Yes No

Signature of Healthcare Provider: _____ Date: _____

Type of Medical Practice/Specialty: _____

Phone Number: _____ Fax: _____

Serious Health Conditions

Serious Health Condition means an illness, injury, impairment, or physical or mental condition that involves either inpatient care in a hospital, hospice, or residential health care facility or ongoing medical treatment or supervision by a healthcare provider.

1. Inpatient Care

A person is considered an "inpatient" when the health care facility formally admits them to the facility with the expectation that they will remain at least overnight and occupy a bed, even if it later develops that they can be discharged or transferred to another facility and does not actually remain overnight. Inpatient care includes any period of incapacity or subsequent treatment in connection with such inpatient care.

2. 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 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 (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 treatment under the supervision of the health care provider.

3. Pregnancy

Any period of incapacity due to pregnancy or for prenatal care. [NOTE: An employee's own incapacity due to pregnancy is covered as a serious health condition under FMLA but not under CFRA.]

4. Chronic Conditions Requiring Treatment

A chronic condition continues over an extended period of time, 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 and may cause recurring episodes of a single underlying condition 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 (e.g. Alzheimer's, severe stroke, 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).