## CERTIFICATION BY EMPLOYEE'S HEALTH CARE PROVIDER FOR EMPLOYEE'S SERIOUS ILLNESS – FMLA

This form is to be completed by employee's Health Care Provider when employee is requesting FMLA and medical documentation is required pursuant to 512.41, 513.36 and 515.5 of the ELM, Form PS 3971 must be completed by employee.

E-1-7-1		FMILA	Case # dif knownic
		ESIL	Case with knownie
Description of serious health condition (On the back of this form is the description of "serious health condition" under FMLA. Does the patient's condition qualify under any of the categories described? If so, please check the applicable category. In all instances the informatio on the form must relate only to the serious health condition for which the current need for leave exists.)			
(1) Hospital Car	De	(3) Pregnancy	(5) Permanent/Long Term Condition
(1) Hospital Car (2) Absence Plu	s Treatment	_ (3) Pregnancy _ (4) Chronic Condition	(6) Multiple Treatments (Non-Chronic Condition
symptoms, nature of the c	ondition, dates of treat	tment, or any regimen of con	ous health condition checked above (this may include the tinuing treatment such as a course of prescription al diagnosis/prognosis is not required):
Probable duration of cond			
Probable duration of pres	ent incopacity (if differ	rent):	
of the employee's serious b	realth condition, includ	ding pregnancy?Yes _	
of the employee's serious b If yes, please provide Dates:	health condition, includes an estimate of the date hour(s) or	ding pregnancy?Yes _	No nent and any period(s) of recovery:
of the employee's serious b If yes, please provide Dates: Duration: Period of Recove Will the employee require pregnancy that may result	hour(s) or bour(s) or ry:	ding pregnancy? Yes s and duration of such treats day(s) per epis at or reduced schedule basis seles of incapacity (e.g. flare t	nent and any period(s) of recovery:  sde  for the employee's serious health condition, including
of the employee's serious has been provided butes:  Duration:  Period of Recover will the employee require segmency that may result but figes, please provide basting 1-2 days:  Frequency:	hour(s) or	day(s) per episet or reduced schedule basis sdes of incapacity (e.g. flare uponcy and duration of such executes)	No nent and any period(s) of recovery:  ode  for the employee's serious health condition, including ps)? Yes No pisodes of incapacity (e.g. 3 times per 1 month
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(See Page 2 of this Form for Complete Description of FMLA "Serious Health Condition")

# **Fmla Paperwork For Employers**

United States. Congress. Senate.

Committee on Labor and Human

Resources

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