



King County

FMLA/KCFML Medical Certification

To be completed by a physician/licensed practitioner for any qualified leave.
Please print all information except signature.

Date Received _____

Employee Name _____	Social Security Number _____
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A. Please give your medical assessment of the employee, but do not include your diagnosis. Describe the medical facts which support your certification and how it meets the definition of serious health condition as defined on page 3 of this form. Include the approximate date the condition commenced and its probable duration. Attach additional pages if necessary.

I certify:

This condition qualifies as a *serious health condition* as defined on page 3 of this form.

This condition does *not* qualify as a *serious health condition* as defined on page 3 of this form.

As a result of the condition (including treatment), it will be necessary for the employee to work:

Not at all.

Less than a full schedule.

B. Please describe treatments. Attach additional pages if necessary.

If additional treatments are required, estimate number and time frame _____

Will treatment cause patient to be absent from work or other daily activities? Yes No

If patient is to be treated on part-time basis, estimate number of absences and interval between these absences _____

Provide actual or estimated treatment dates (if known) and recovery period (if any) _____

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

If regimen of continuing treatment for patient is required under your supervision, generally describe this regimen (e.g. prescription drugs, physical therapy requiring special equipment, etc.) _____

If medical leave is required for the employee's absence because of the employee's own condition (including absences due to pregnancy or chronic condition), is the employee able to perform work of any kind? Yes No

If yes, list the essential functions of the employee's job he/she is unable to perform _____

C. If FMLA/KCFML is required for the employee to care for a family member (employee's spouse, child, parent or parent-in-law, domestic partner or domestic partner's parent) with a serious health condition, please describe the patient's required assistance from the employee.

Patient needs assistance for: Basic medical, personal needs, safety or transportation

Psychological comfort from the employee that would be beneficial to the patient or assist in the patient's recovery

Estimate the period of time care would be needed or employee's presence would be beneficial _____

If patient will need care only on a part-time basis, please estimate duration of the need _____

D. Authorization

Health Care Provider Signature _____ Date Signed _____

Printed Name _____ Type of Practice _____

Address _____ (Area Code) Phone _____

Non-Serious Health Conditions

The following ailments are generally not a serious health condition: common cold, flu, earaches, upset stomach, minor ulcers, headaches other than migraines, routine dental-orthodontia problems, periodontal disease, stress or allergies. However, mental illness resulting from stress or allergies may qualify.

Serious Health Conditions

A serious health condition means an illness, injury, impairment, or physical or mental condition that involves one of the following.

Hospital Care

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 care.

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:

- 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; treatment includes examination to determine if a serious health condition exists and evaluation of the condition, but does not include routine physical examinations, eye examinations or dental examinations; *or*
- 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; a regimen of continuing treatment includes, for example, a course of prescription medication (e.g., an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition, but does not include the taking of over-the-counter medications such as aspirin, antihistamines, or salves, bed-rest, drinking fluids, exercise or other similar activities that can be initiated without a visit to a health care provider.

Pregnancy

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

Chronic Condition Requiring Treatments

A chronic condition that:

- Requires periodic visits for treatment by a health care provider, or by a nurse or physician's assistant under the direct supervision of a health care provider.
- Continues over an extended period of time (including recurring episodes of a single underlying condition) *and*
- May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.).

Permanent/Long-Term Condition Requiring Supervision

A period of incapacity that 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. Examples include Alzheimer's, a severe stroke, or the terminal states of a disease.

Multiple Treatment (Non-Chronic Conditions)

Any period of absence to receive multiple treatments (including any period of recovery) 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 or more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy) and kidney disease (dialysis).