



NALC Form 2 - Family and Medical Leave Act of 1993

National Association of Letter Carriers, AFL-CIO - 100 Indiana Avenue, NW - Washington, D.C. 20001



Medical Certification—Employee's Own Serious Health Condition

The employee's health care provider must complete this form when an employee requests FMLA leave and *medical documentation is required* (see ELM Sections 512.41, 513.6 and 515.5). A Form PS 3971, Request for or Notification of Absence, also must be completed and submitted as usual.

Health Care Provider. Please fill out and return this form to the employee. Attach additional sheets if necessary. Thank you.

Employee Name (Print)

1. Description of serious health condition: The back (p.2) of this form describes what is meant by a "serious health condition" under the Family and Medical Leave Act. Does the employee's condition qualify under any of the categories described? If so, please check the applicable category.

- 1
 2
 3
 4
 5
 6
 None of these

2. Medical facts: Please describe briefly the medical facts which fit the category checked above, without including a specific diagnosis or prognosis.

3. Duration of condition and incapacity

a. **Date** the condition began: _____ **Probable duration** of the condition: _____

Probable duration of the patient's present incapacity' (if different): _____

b. Will it be necessary for the employee to take time off work only **intermittently or to work on a less than full schedule** as a result of the condition (including for treatment described in Item 4 below)?
 Yes No

If yes, give the probable duration _____

c. If the condition is a chronic condition (condition #4) or pregnancy (#3), state whether the patient is presently incapacitated and the likely duration and frequency of **episodes of incapacity**:

4. If additional treatments will be required for the condition, please describe: the nature of such additional treatments or continuing regimen of treatment under your supervision (e.g., prescription drugs, physical therapy requiring special equipment); the probable number of such treatments; the length of absence required; and the actual or estimated dates of the treatments, if known.

5. Is the employee able to perform the functions of his or her position? Yes No

If not, please describe the employee's restrictions and their duration: _____

Health Care Provider Signature _____

Date _____

Address _____

Phone _____

"Serious Health Condition" Definition under Family and Medical Leave Act of 1993

A "serious health condition" of a family member is defined in the FMLA regulations as any illness, injury, impairment or physical or mental condition that involves one of the following:

1. Hospital care: This means **inpatient care** (that is, an overnight stay) in a hospital, hospice or residential medical care facility, including any period of incapacity² or subsequent treatment in connection with or consequent to 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:

- a. **Treatment**³ **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
- b. **Treatment** by a health care provider on **at least one occasion** which results in a **regimen of continuing treatment**⁴ 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).

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**. 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 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).

¹ Here and elsewhere on this form, the information sought relates only to the condition for which the employee is taking FMLA leave.

² "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 therefor, or recovery therefrom.

³ **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.

⁴ 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. A regimen of treatment does not include the taking of over-the-counter medications such as aspirin, antihistamines, or salves; or bed-rest, drinking fluids, exercise, and other similar activities that can be initiated without a visit to a health care provider.