



# NALC Form 3 - Family and Medical Leave Act of 1993

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



## Employee's Certification of Own Serious Health Condition

An employee should use this form to request FMLA leave in situations where medical documentaton is not *required* (see ELM Sections 512.41, 513.36 and 515.5). A Form PS 3971, Request for or Notification of Absence, also must be completed and submitted as usual.

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Employee Name (Print)

**1. Description of serious health condition:** To qualify for leave for your own serious illness under the Family and Medical Leave Act, your condition<sup>1</sup> must qualify as a "serious health condition" under the special definition in the law, described on the back (p. 2) of this form. Does your condition qualify under any of the categories described? If so, please check the applicable category.

- 1       2       3       4       5       6

### 2. Duration of condition

a. Date the condition began: \_\_\_\_\_

b. Probable duration of the condition: \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

## "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 incapacity<sup>2</sup> 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**<sup>3</sup> **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**<sup>4</sup> 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).

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

<sup>2</sup> "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.

<sup>3</sup> **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.

<sup>4</sup> 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.