Certification of Health Care Provider for Employee's Serious Health Condition

U.S. Department of Labor Wage and Hour Division



| | _ | | |
|--------------------|--------------------------------|-----------|-------|
| | | | |
| | | | |
| | | | |
| | | | = |
| ı . | | | 7 |
| ş) | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| - | | | |
| , | | | |
| 1 | | | |
| .^τ <u> </u> | | | |
| | | | |
| | | | |
| _ | | | 1 |
| • | | | |
| | | | |
| | | | 1 |
| | | | = |
| | | | |
| | | | |
| · - | | | |
| , | | | |
| | | | |
| | | | |
| | _ | | |
| 6 • | | | |
| - | | | |
| | | | |
| DO MAT ATUR AGUE | | | |
| | LETED CODM TO THE DEDARTMENT | SC I IMAR | - |
| - DÚ NOT GEND COMB | I ETER FORM TO THE REPARTMENT | OF LABOR | _ |
| | I ETER FORM TO THE REPARTMENT | OF LIBOR | |
| | I ETER FORM TO THE REPARTMENT | or i inon | |
| | I ETER FORM TO THE REPARTMENT | or i inon | _ |
| | I ETER FORM TO THE RERARDIMENT | OF LIBOR | |
| | I ETER FORM TO THE RERARDIMENT | OF LINOR | |
| | TETER FORM TO THE REPAIRMENT | OF LINOR | |
| | TETER FORM TO THE REPAIRMENT | OF LIBOR | |
| | I ETER FORM TO THE RERADISHE | OF LIBOR | |
| | I ETER FORM TO THE RERARDISHE | OF LIBOR | |
| | I ETER FORM TO THE RERADISHE | OF LINOR | |
| | ı | | |
| | ı | | |
| | ı | | |
| | ı | | |
| | ı | | |
| | ı | | |
| | ı | | |
| | | | |
| | ı | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | Employee Name: | | | - VII. | |
|--------------------------|--|---------------------------------------|--|--|-----------|
| | Health Care Provider's name: (Print) | | | , - NAP | |
| | Health Care Provider's business address | s: | | • | |
| | Type of practice / Medical specialty: | | | | |
| | Telephone: | | | | |
| | PART A: Medical Information | | | | |
| | Limit your response to the medical cond based upon your medical knowledge, e | lition(s) for which the emp | ployee is seeking FMLA leave. on of the patient. After com | Your answers should be your best | estimate |
| <u> </u> | A THE STATE OF THE | · · · · · · · · · · · · · · · · · · · | | The state of the s | - provide |
| - مستاله ا د مستاله ا | urica da e | , | | | d |
| 7. 2. 2 | ···· | | | | _ |
| 7 <u>233</u> | A 80- | | - | | |
|) - | <u> </u> | | | | |
| | 101- | | | | |
| _ | ; | | | | |
| - ' | | | | | |
| | | | | | |
| <u>*</u> | | | | | |
| <u> </u> | | | | | |
| | | | | | |
| M. | | | | | |
| | | | | | |
| ı. | | | | | |
|) E | | | | | |
| | | | | | |
| - | 1, | | | | |
| , | | | | | |
| | | | | | |
| ٠, | | | | | |
|) .n | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | ı | Employee Name: |
|------------|----------------|--|
| | <u> </u> | (A) If pooded briefly december other consumplete weather! for the standard standard (A) for the standard of th |
| |) | <u> </u> |
| | | |
| | | |
| | <u> </u> | |
| | 7 | - |
| | • | |
| | | |
| | , * | |
| | | |
| | | |
| | , <u>L.JT</u> | |
| | | |
| | | |
| | ۰. ا | |
| | - I | |
| | . = | |
| | | |
| | . | |
| | | |
| | | |
| | | |
| | 1, | |
| | | |
| | 1 | |
| | 2 | |
| | | |
| | | |
| | 1 | |
| | | |
| | | |
| | | |
| | | |
| · | • | |
| - L | <i>I</i> | |
| | L | |

| | Employee Name: | |
|----------|---|---|
| | PART C: Essential Job Functions | |
| | If provided, the information in Section I question #4 may be used to answer this question. If the employer fails to provide a statement of the employee's essential functions or a job description, answer these questions based upon the employee's own description of the essential job | |
| 2 | | |
| Ţ | | |
| . | | = |
| | | |
| Ę | | Ī |
| ו ב | | _ |
| | | |
| | | |
| , i - | | = |
| ·- | | |
| <u>.</u> | | |
| · _ | | |
| | | |
| | TY CONTRACTOR OF THE PROPERTY | |
| | | |
| | | |
| | | = |
| | | |
| `J.ı | | |
| ĬŢ! | | |
| | | |
| | | |
| . | | |
| Ā | | |
| | | |
| | | _ |
| | | _ |
| ٩ | | |
| | | _ |
| _ | | _ |
| | | |
| | | |