

**CERTIFICATION OF HEALTH CARE PROVIDER
DENVER CITY INDEPENDENT SCHOOL DISTRICT
FAMILY AND MEDICAL LEAVE ACT**

Type or Print

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1(a). Name of employee (First, Middle Initial, Last Name):	1(b). Employee's Social Security Number:
2(a). Patient's Name (if different than 1(a) above):	2(b). Employee's Relationship to Patient:
<p>3. The attached sheet defines a "Serious Health Condition" under the Family and Medical Leave Act. Does the patient's condition^a qualify under any of the categories described? If so, select the applicable category:</p> <p>() 1. Hospital Care</p> <p>() 2. Absence Plus Treatment</p> <p>() 3. Pregnancy</p> <p>() 4. Chronic Conditions Requiring Treatments</p> <p>() 5. Permanent/Long-term Conditions Requiring Supervision</p> <p>() 6. Multiple Treatments (Non-Chronic Conditions)</p> <p>() None of the Above</p>	
<p>4. Describe the medical facts which support your certification, including a brief statement as to how the medical facts meet the criteria of the above selected category:</p>	
<p>5(a). State the approximate date the condition commenced:</p>	
<p>5(b). State the probable duration of the condition (and the probable duration of the patient's present incapacity^b if different):</p>	
<p>5(c). Should the employee work only intermittently or on a less than full schedule as a result of the condition (including for treatment described in item 6):</p> <p style="text-align: center;">() No () Yes - Probable Duration: _____</p>	
<p>5(d). If the condition is a chronic condition (category #4) or pregnancy (category #3), state whether the patient is presently incapacitated^b and the likely duration and frequency of episodes of incapacity^b:</p>	
<p>6(a). If additional treatments will be required for the condition, provide an estimated number:</p>	
<p>6(b). If the patient will be absent from work or other daily activities because of treatment on an intermittent or part-time basis, provide an estimate number and interval between such treatments, actual or estimated dates of treatment if known, and period required for recovery, if any:</p>	
<p>6(c). If any of these treatments will be provided by another health services provider (e.g. physical therapist), please state the nature of the treatments:</p>	
<p>6(d). If a regimen of continuing treatment by the patient is required under your supervision, provide a general description of such regimen (e.g. prescription drugs, physical therapy requiring special equipment):</p>	

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

^b "**Incapacity,**" for purposes of 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.

DENFINITIONS
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FAMILY AND MEDICAL LEAVE ACT

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A "**Serious Health Condition**" means an illness, injury impairment, or physical or mental condition that involves one of the following:

1. Hospital Care

Inpatient care (i.e. an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity^a or subsequent treatment in connection with or consequent to such inpatient care.

2. Absence Plus Treatment

A period of incapacity^a of **more than three consecutive calendar days** (including any subsequent treatment or period of incapacity^a relating to the same condition) that also involves:

- A. Treatment^b **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 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^c** 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:

- 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;
- 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^a (e.g. asthma, diabetes, epilepsy, etc.)

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)

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.), sever arthritis (physical therapy), and/or kidney disease (dialysis).

^a "Incapacity," for purposes of 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.

^b Treatment includes examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does not include routine physical, eye, or dental examinations.

^c A regimen of continuing treatment includes, for example, a course of prescription medication (e.g. and 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 medication 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.