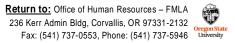
Medical Certification - Family and Medical Leave Page 1 of 2

Return to: Office of Human Resources – FMLA 236 Kerr Admin Bldg, Corvallis, OR 97331-2132 Fax: (541) 737-0553, Phone: (541) 737-5946

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Section I. Employee Completes this Section	
Employee Name: Patient's Name:	
Patient's relationship to employee (check one):	
□ Self □ Spouse □ Child(age)	Parent Parent-in-law Grandparent
Domestic Partner Childofdomesticpartn	er (age)
Section II. Health Care Provider Completes this Section	
The above employee has requested medical leave. In order to verify the employee's entitlement, please complete and return this form to either the employee or directly to OSU Office of Human Resources. Note: To comply with the Genetic Information Nondiscrimination Act of 2008 (GINA), we ask that you do not provide any genetic information when responding to this request for medical information.	
Health Condition	
 Please indicate all categories applicable to the patient's health condition (descriptions are provided on page two): Requires overnight hospital care, hospice, or treatment at a residential care facility 	
Requires absence from work (of more than three consecutive days) plus treatment	
Pregnancy disability or prenatal care Chronic condition requiring treatment	 Permanent or long-term condition requiring supervision Requires multiple treatments for a non-chronic condition
Chronicconditionrequiringtreatment None of the above	
 Date the condition commenced: 	
3. Dates you treated the patient for the condition:	
4. Probable Duration of Condition: (from)	(to)
5. Relevant medical facts:	
Medical Leave Requirements	
1. If the patient is the employee, is the employee able to p	erform his/her job with the condition?
Can perform all functions all the time Can perform all functions most of the time, but will have intermittent periods of incapacity	
	nce required to assist the patient in basic medical or personal needs,
for safety or for transportation? \Box Yes \Box No \Box N/A, patient is employee	
Would the employee's presence to provide psychological comfort be beneficial or assist in the patient's recovery? 🗆 Yes 🗆 No	
3. Is it medically necessary for the employee to be off work in order to assist a family member or to receive their own treatment(s) for a serious health condition?	
If yes, please describe:	
Continuous Leave from to)
Intermittent Leave from to	
Intermittent Leave from to Number of hours per day/days per week, etc. the employee needs to be away from work for treatments/recovery	
Reduced Schedule from to	
Reduced Schedule from to Number of hours per day/days per week, etc.	the employee may work
4. If the condition is a chronic condition, is it medically necessary for the employee to be off work periodically to care for a family	
member or for their own episodic flare-ups of the condition? Yes No N/A, not chronic condition	
If yes, please describe the likely frequency and duration of episodes of incapacity:	
I certify that the information provided by me is true and accurate.	
Signature of Health Care Provider	Date
Print Name of Health Care Provider	Provider's Field of Practice
Dravidar'a Addrosa	Dravidar's Telephone Number
Provider's Address	Provider's Telephone Number

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Family & Medical Leave Definitions

For purposes of leave under the Family & Medical Leave Act (FMLA), **a serious health condition** means an illness, injury, impairment, or physical or mental condition that involves **one** of the following:

Note: Incapacity for purposes of FMLA and OFLA, is defined to mean inability to work, attend school, or perform other regular daily activities due to the serious health condition, treatment therefore, or recovery there from.

- 1. **Inpatient Care**: 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 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 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** under the supervision of the health care provider.

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

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 use 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.

- 3. **Pregnancy:** Any period of incapacity due to pregnancy or for prenatal care.
- 4. Chronic Conditions Requiring Treatments: A chronic condition is one 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, 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 does not need to be receiving active treatment by, a health care provider. (e.g. Alzheimer's, severe stroke, or terminal stages of a disease)
- 6. **Multiple Treatments (Non-Chronic Conditions)**: Any period of absence to receive **multiple treatments** (including any period of recovery there from) 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:
 - a) Restorative surgery after an accident or other injury; or
 - b) 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), or kidney disease (dialysis).