

Central Washington University
Medical Certification of Qualifying Health Condition
Family and Medical Leave (FMLA/W-FLA)

Employee - Please complete Section 1 below (all fields required):

| Section 1 | |
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| <p>Employee name: _____ CWU ID#: _____</p> <p>Job title and department: _____ <div style="text-align: center; font-size: small;">Title/Dept</div></p> <p>Regular work schedule: <input type="checkbox"/> Monday through Friday, 8:00am-5:00pm Other: Mon, Tues, Weds, Thurs, Fri, Sat, Sun _____ to _____ <div style="text-align: center; font-size: small;">Time Time</div></p> <p>Immediate Supervisor: _____</p> <p>CWU Email: _____ Home Email: _____</p> <p>Home Address: _____ <div style="text-align: center; font-size: small;">Street City State Zip</div></p> <p>Phone: _____</p> | <p><input type="checkbox"/> This leave is for the Employee's serious health condition or for birth/adoption of the Employee's child.</p> <p><input type="checkbox"/> This leave is to care for a family member with a serious health condition. <i>*Please answer questions below*</i></p> <p>Name of family member for whom you will provide care: _____</p> <p>Relationship of family member to you: _____</p> <p>If family member is your son or daughter, date of birth: _____</p> <p>*Important Note: In order to take FMLA leave to care for a child over the age of 18, the child must be "incapable of self-care because of a mental or physical disability" at the time FMLA leave is to commence.</p> |
| <p>Employer Contact: CWU Human Resources, (509) 963-1202/Fax (509) 963-1733</p> | |

NOTE: The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request.

Health Care Provider – Please complete Section 2 below:

If Employee is the patient: Complete Section 2, A and B. If Employee is NOT the patient: Complete section 2, A, B and C. Be as specific as you can; terms such as "lifetime" "unknown" or "indeterminate" may not be sufficient to determine FMLA coverage.

| Section 2 | |
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| A | <p>A serious health condition is an illness, injury, impairment, or physical or mental condition that involves one or more of the following. Please check all categories described that apply to the patient's condition:</p> <p><input type="checkbox"/> 1. Hospital Care: Inpatient care (i.e., an overnight stay) in a hospital, hospice or residential medical care facility, including any period of incapacity or subsequent treatment in connection with such inpatient care.</p> <p><input type="checkbox"/> 2. Absence Plus Treatment: A period of incapacity of more than three consecutive full calendar days (including subsequent treatment or period of incapacity relating to the same condition), that also involves:</p> <p style="margin-left: 20px;">(a) Two or more in-person treatments; the first within seven (7) days of the first day of incapacity and both within thirty (30) days of the incapacity; or</p> <p style="margin-left: 20px;">(b) One (1) in-person treatment by a health care provider which results in continuing regimen of treatment.</p> <p><input type="checkbox"/> 3. Pregnancy: Period of incapacity due to pregnancy or for prenatal care.</p> <p><input type="checkbox"/> 4. Chronic Serious Conditions Requiring Treatments:</p> <p style="margin-left: 20px;">(a) Require periodic visits for treatment (at least twice per year) by a health care provider;</p> <p style="margin-left: 20px;">(b) Continues over an extended period of time (including recurring episodes); and</p> <p style="margin-left: 20px;">(c) May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, etc.).</p> <p><input type="checkbox"/> 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 a health care provider.</p> <p><input type="checkbox"/> 6. Multiple Treatments (Non-Chronic): Period of absence to receive multiple treatments (including recovery) by a health care provider. Includes restorative surgery after an accident or for conditions that would likely result in a period of incapacity of more than three (3) consecutive days in the absence of treatment</p> |

