

## **Requirements for Medical Certification and Doctor's Notes**

Medical Certifications and Doctor's notes submitted by employees for FMLA/CFRA related absence must be:

- 1) From a licensed health care provider. Refer to the Personnel Manual for a list of qualifying health care providers. Tab 11: Leave Time Benefit Section 9: FMLA Definitions Subsection J: Health Care Provider.
- 2) Must certify that the employee is medically unable to perform the essential functions of their job, or a derivative of this language.
- 3) Medical certification or doctor's notes must provide specific dates the employee will be unable to work.
- 4) If the medical certification/doctor's note is for the care of a family member or designated person, it must state that the eligible employee is needed to care for the patient (name of patient), and the amount of time they will be needed.
- 5) Employees may be required to provide medical certification/doctor's note that indicates any physical restrictions that prevent the employee from returning to work or any accommodations that may be needed to return to work.
- 6) If a prognosis is provided it must indicate an expected timeframe the employee's illness/injury will allow for their return to work with or without restrictions.
- 7) Failure to provide satisfactory medical certification/doctor's note may result in the denial of a leave request until the employee obtains a medical certification/doctor's note that has the required information.
- 8) Doctor's notes with only the following statements WILL NOT be considered valid and will not be accepted:
  - "Employee off work"
  - "Employee states they are ill"
  - "Off Work"
  - "Employee can work 22 hours per week"
  - "Employee TTD" (Temporary total disability)

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

1. Inpatient Care:

- An overnight stay in a hospital, hospice, or residential medical care facility: **or**,
- Inpatient care includes any period of incapacity or any subsequent treatment in connection with the overnight stay.

2. Incapacity Plus Treatment: A period of incapacity of more than three consecutive, full calendar days, and any subsequent treatment or period of incapacity relating to the same condition, that also involves either:

- Two or more in-person visits to a health care provider for treatment within thirty days of the first day of incapacity unless extenuating circumstances exist. The first visit must be within seven days of the first day of incapacity: **or**,
- At least one in-person visit to a health care provider for treatment within seven days of the first day of incapacity, which results in a regimen of continuing treatment under the supervision of the health care provider. For example, the health care provider might prescribe a course of prescription medication or therapy requiring special equipment.

3. Pregnancy: Any period of incapacity due to pregnancy, or for prenatal care.

4. Chronic Conditions: Any period of incapacity due to, or treatment for a chronic serious health condition, such as: diabetes, asthma, migraine headaches. A chronic serious health condition is one which requires visits to a health care provider (or nurse supervised by the provider) at least twice a year and recurs over an extended period. A chronic condition may cause episodic rather than a continuing period of incapacity.

5. Permanent/Long-Term Conditions: A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective, but which requires the continuing supervision of a health care provider, such as Alzheimer's disease or the terminal stages of cancer.

6. Conditions Requiring Multiple Treatments: Restorative surgery after an accident or other injury; or a condition that would likely result in a period of incapacity of more than three consecutive, full calendar days if the patient did not receive the treatment.

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