

- 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 or consequent to such inpatient care.

B. 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:

- 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
- 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.

C. Pregnancy

[NOTE: An employee's own incapacity due to pregnancy is covered as a serious health condition under FMLA but not under CFRA.]

- Any period of incapacity due to pregnancy, childbirth, pregnancy-related conditions, or for prenatal care.

Patient's expected delivery date: ____/____/____

D. Chronic Conditions Requiring Treatment

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).
- May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.).

E. 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 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.

F. Multiple Treatments (Non-Chronic Conditions)

- Any period of absence to receive multiple treatments (including any period of recovery therefrom) 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 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 (radiation, etc.) severe arthritis (physical therapy), kidney disease (dialysis).

8. Does (or will) the patient require assistance for basic medical, hygiene, nutritional needs, safety or transportation?

- Yes No

9. Does the condition warrant the participation of the employee? (This participation may include psychological comfort and/or arranging for third-party care for the family member.)

- Yes No

If yes, please provide an estimate for the period of time care is needed or during which the employee's presence would be beneficial:

____/____/____ - ____/____/____

10. **Please answer the following question only if the employee is asking for intermittent leave or a reduced work schedule.** Is it medically necessary for the employee to be off work on an intermittent basis or to work less than the employee's normal work schedule in order to provide care to the patient?

Yes No

If the answer to 10 is yes, please indicate the estimated hours for which the patient needs care on an intermittent basis and/or the reduced work schedule needed:

Hours Per Day _____ Days Per Week _____

Other: _____

11. Please provide any additional information, if needed: _____

12. _____ _____ ____/____/____
Signature of health care provider Type of Practice Date

Email Address: _____

Telephone Number: _____

Street Address: _____

FOR HUMAN RESOURCES/PAYROLL USE ONLY

Verified by Human Resources/Payroll: _____ Date: ____/____/____
Name

DEPARTMENT WORKSHEET AND INSTRUCTIONS MEDICAL CERTIFICATION FOR FAMILY MEMBERS

The Family and Medical Leave Act (FMLA) and the California Family Rights Act (CFRA) allow the County of Sonoma to require an employee seeking FMLA/CFRA protections because of a need for leave due to a family member's serious health condition to submit a medical certification issued by the patient's health care provider.

You may not ask the employee to provide more information than allowed under the FMLA regulations, CFRA regulations, and/or the PDL regulations.

Employers must generally maintain records and documents relating to medical certifications, re-certifications, or medical histories of employees created for FMLA/CFRA/PDL purposes as confidential medical records in separate files/records from the usual personnel files. Employers are required to comply with applicable law regarding the confidentiality of medical information requested.

Provide the Medical Certification for Family Member's form to the employee. The employee should then provide the form to the family member or his/her health care provider for completion and return within 15 days.

Employee Name _____ Department _____

Employee Job Title _____ Employee Work Location _____

Employee Regular Work Schedule: _____

Date Certification Provided to Employee : ____/____/____

Date Certification Returned by Employee: ____/____/____

Supervisor Name _____ Supervisor Title: _____

Supervisor Phone: _____