

Certification of Physician
Or Practitioner

7.11-8at-1

WINDHAM SCHOOL DISTRICT
P.O. Box 40
Huntsville, TX 77342-0040

1. Employee's name	
.2. A " serious health condition " under the Family and Medical Leave Act is defined on the following page. After carefully reviewing the definitions, mark the applicable category: <input type="checkbox"/> Hospital Care <input type="checkbox"/> Absence plus treatment <input type="checkbox"/> Pregnancy <input type="checkbox"/> Chronic conditions requiring treatments <input type="checkbox"/> Permanent/long-term condition requiring supervision <input type="checkbox"/> Multiple treatments (nonchronic conditions) <input type="checkbox"/> None of the above	
3. Describe the medical facts that support your certification, including a brief statement as to how the medical facts meet the criteria of one of the categories listed above: _____ _____	
4a. State the approximate date the condition commenced and circle one of the following probable duration of the condition: _____ _____ Please Circle: (5 to 15 days) (16 to 29 days) (30 to 59 days) (60 to 119 days) (120 days or more)	
4b. Will it be necessary for the employee to work only intermittently as a result of the condition? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give the suggested schedule and duration of such: _____ _____	
5a. General nature and regimen of treatment:	
5b. Other treatments (by another provider, if referred by physician or practitioner):	
6a. Is employee able to do work of any kind? (If "NO", skip item 7b.) <input type="checkbox"/> YES <input type="checkbox"/> NO	
6b. Is employee able to perform the functions of employee's position? (Answer after reviewing statement from employer of essential functions of employee's position, or, if none provided, after discussing with employee) <input type="checkbox"/> YES <input type="checkbox"/> NO	
7. Signature of Physician or Practitioner:	Date:
8. Signature of Employee:	Date:

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* 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 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 the 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

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

b. Treatment by a health care provider on at least one occasion that results in a regimen of continuing treatment under the supervision of the health care provider.

Note: 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 taking 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 that meets the following conditions:

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).

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* that 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 treatment** (Nonchronic conditions): Any period of absence to receive multiple treatments (including any recovery period) 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 (chemotherapy, radiation, etc), severe arthritis (physical therapy), or kidney disease (dialysis).

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, its treatment, or the patient's recovery.