THE UNIVERSITY OF DAYTON MEDICAL CERTIFICATION FORM

(To be completed by attending physician)

Family & Medical Leave Act of 1993

ALL INFORMATION PROVIDED ON THIS FORM BY THE EMPLOYEE AND HIS/HER PHYSICIAN(S) IS CONFIDENTIAL AND PHOTOCOPYING OF THIS INFORMATION IS STRICTLY PROHIBITED. The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you do not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

1. Employee's Name: _____

2. Patient's Name (if different from employee): _____Relationship to employee:_____

3. Please identify which Family & Medical Leave category under which the patient's condition qualifies. (See end of this certification for a list of qualifying conditions)
(1) ____ (2) ____ (3) ____ (4) ____ (5) ____ (6) ____ or None of the conditions listed _____

4. Describe the medical facts which support your certification, including a brief statement as to how the medical facts meet the criteria of one of these categories: _____
_____

5a. State the approximate date the condition commenced _____

5b. State the probable or estimated duration of the condition and the probable duration of the incapacity if different_____

5c. Will it be necessary for the employee to work only intermittently or to work on a less than full schedule as a result of the condition (including for treatment described in question #6 below)? _____

5d. If the condition is a chronic condition (condition #4) or pregnancy, state whether the patient is presently incapacitated_____

5e. If the answer to 5d above is yes, state the probable or estimated duration of the incapacity _____

5f. If the answer to 5d above is yes, state the frequency and duration of such periods of incapacity
_____

6a. If additional treatments will be required for the condition, provide an estimate of the probable number of such treatments _____

6b. If the patient will be absent from work or other daily activities because of treatment on an intermittent or part-time basis, also provide an estimate of the probable number and interval between such treatments_____
6b1. Actual or estimated dates of treatment if known _____
6b2. Period required for recovery_____

6c. If any of these treatments will be provided by another health care provider (e.g. physical therapist), please state the nature of such treatments_____

6d. If a regimen of continuing treatment by the patient is required under your supervision, provide a general description of such regimen (e.g. Rx drugs, physical therapy requiring special equipment)_____
_____

7a. If medical leave is required for the employee's absence from work because of the employee's own condition (including absence due to pregnancy or chronic condition), is the employee unable to perform work of any kind? _____

7b. If able to perform some work, is the employee unable to perform any one or more of the essential functions of his/her job (the employee should supply you with information regarding essential job functions) _____

7c. If the answer to 7b is yes, please list the essential functions that the employee is unable to perform_____
_____

7d. If neither 7b or 7c apply, is it necessary for the employee to be absent from work for treatment _____

Signature of health care provider required on next page.

TO BE COMPLETED FOR LEAVES FOR QUALIFYING FAMILY MEMBERS ONLY:

8a. If leave is required to be taken to care for a qualifying family member, does the patient require assistance for basic medical or personal needs, safety or transportation? _____

8b. If no, would the employee's presence to provide psychological comfort be beneficial to the patient or assist in the patient's recovery? _____

8c. If the patient will need care only intermittently or on a part-time basis, indicate the probable duration of the need _____

_____

8d. If the patient will need care only intermittently or on a part-time basis, indicate the number of times per month that the employee's assistance will be required _____

Signatures required for all applications involving medical leaves.

_____	_____	_____
(Signature of health care provider)	(Type of practice)	(Phone number)
_____	_____	_____
(Print name of health care provider)	(Address of health care practice)	(Date)

A "Serious Health Condition" as defined by the Family and Medical Leave Act, means an illness, injury, impairment, 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. 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:
      i. 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
      ii. 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.

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

4. Chronic Conditions Requiring Treatment
   A chronic condition 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 continuing period of incapacity (e.g. asthma, diabetes, epilepsy, etc.)

5. Permanent/Long Term Condition 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 not need to be receiving active treatment by a health care provider. Examples include Alzheimer's, severe stroke or the terminal stages of a disease.

6. Multiple Treatments (Non-chronic Conditions)
   A period of absence to receive multiple treatments (including any period of recovery from) by a health care provider or by a provider of health care services under order 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), kidney disease (dialysis).

* 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.
** A regimen of continuing treatment includes, for example, a course of Rx 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, nor does it include bed rest, drinking fluids, exercise and other similar activities that can be initiated without a visit to a health care provider.