

Employee/Patient Name: _____

Employee ID Number: _____ Employee's Job Title: _____

Instructions for the Health Care Provider: Your patient has requested a leave of absence. Limit your responses to the condition for which the employee is seeking leave. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine coverage.

1) Dates you treated the employee for this condition: _____

2) What, if any, job function is the employee unable to perform? _____

3) Is the medical condition a pregnancy? No Yes Expected delivery date _____

4) Will the employee be incapacitated for a single continuous period of time due to his/her medical condition including any time for treatment and recovery? No Yes

If so, estimate beginning _____ and ending _____ dates for incapacity period.

5) Will the employee need to attend follow-up treatment appointments, work part-time, or be on a reduced work schedule because of the medical condition? No Yes

If so, include dates of appointments and time required for each appointment including recovery period.

- Treatment schedule: _____times per week _____times per month
_____Hours needed for each appointment
Start Date_____End Date_____
- Part-time work schedule: _____hours per day _____days per week
Start Date_____End Date _____
- Reduced work schedule: _____Number of hours employee can work per day
Start Date_____End Date _____

6) Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? No Yes If yes,

Frequency _____Times per week _____Times per month

Duration _____Hours per episode _____Days per episode

Start Date_____End Date _____

7) Describe other relevant medical facts, if any, related to this condition (symptoms, diagnosis, or regimen of continuing treatment, specialized equipment): _____

Provider's name: _____

Provider's business address: _____

Type of practice / Medical specialty: _____

Telephone: (_____) _____ Fax: (_____) _____

Signature of Health Care Provider

Date