



## Louisiana Department of Education Certification of Teacher's or Family Member's Serious Health Condition

**\*\* The health care provider of the teacher or of the family member must complete this form. \*\***

*Teacher:* Return the completed form to your Louisiana Employing Authority, and keep a copy for your own records.

Teacher's Name (Print)

1. Patient's name: \_\_\_\_\_

Relationship to teacher:     Child     Spouse     Parent/Guardian     Self

2. **Description of serious health condition:** The attached form describes what is meant by a "serious health condition" as set forth under the Family and Medical Leave Act. Does the teacher's condition or family member qualify under any of the categories described? If so, please check the applicable category:

1     2     3     4     5     6     None of these

3. **Medical Facts:** Please briefly describe the medical facts which fit the category checked above:

4. **Duration of condition and incapacity<sup>1</sup>:** \_\_\_\_\_

a. **Date the condition began:** \_\_\_\_\_ **Probable duration of this condition:** \_\_\_\_\_

b. Will it be necessary for the teacher to take time off work only intermittently or to work on a less than full schedule as a result of this condition (including for treatment described in Item 5 below)?     Yes     No

If yes, give the probable frequency and duration: \_\_\_\_\_

c. If the condition is a **chronic condition** (condition #4) or **pregnancy** (#3), state whether the patient is presently incapacitated and the likely duration and frequency of episodes of incapacity:

5. If **additional treatments** will be required for the condition, please describe:

a. The nature of such additional treatments: \_\_\_\_\_

b. The probable number of such treatments: \_\_\_\_\_

c. The length of absence required: \_\_\_\_\_

d. The actual or estimated dates of the treatments, if known: \_\_\_\_\_

6. Is the teacher able to perform his or her job duties?     Yes     No

If not, please describe the teacher's restrictions and their duration: \_\_\_\_\_

Health Care Provider's Name \_\_\_\_\_ and Signature \_\_\_\_\_  
(Print) (Stamps are not acceptable)

Type of Practice: \_\_\_\_\_ Office Telephone # \_\_\_\_\_ Date \_\_\_\_\_

## Serious Health Condition

### Definition as set forth under Family and Medical Leave Act of 1993

A “serious health condition” is defined in the FMLA regulations as any illness, injury, impairment or physical or mental condition that involves one of the following:

**1. Hospital Care:**

This means inpatient care (that is, 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 calendar days** (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:

**a. Treatment<sup>2</sup> 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

**b. Treatment** by a health care provider on **at least one occasion** which results in a **regimen of continuing treatment<sup>3</sup>** 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 treatments:**

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 a continuing period of incapacity (e.g. asthmas, diabetes, and epilepsy).

**5. 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 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 treatments (non-chronic conditions):**

Any period of absence to receive **multiple treatments** (including any period of recovery there from) 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), kidney disease (dialysis).

<sup>1</sup>**Incapacity** is defined as inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefore, or recovery there from.

<sup>2</sup> **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.

<sup>3</sup> **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.