

Medical Certification - FMLA/CFRA

Health Care Provider Certification - To be completed by the patient's health care provider:

Chrysti Corkill
Employee Name

Preferred Employers Ins. Co.
Company Name

Patient's Name (if other than employee)

- 1. Date medical condition or need for treatment commenced: 2/18/10
(Note: The health care provider is not to disclose the underlying diagnosis without the consent of the patient.)
- 2. Probable duration of medical condition or need for treatment: 2 months
- 3. Attachment A: Definitions describes what is meant by a "serious health condition" under both the federal Family and Medical Leave Act (FMLA) and the California Family Rights Act (CFRA). Does the patient's condition qualify under any of the categories described?

Yes No

4. If the certification is for the serious health condition of the employee, please answer the following:

- a. Is the employee able to perform work of any kind?
 Yes No
- b. Is the employee able to perform the essential functions of the employee's position? (Answer after reviewing the attached job description provided by the employee that includes the essential functions of the employee's position.)
 Yes No
- c. If yes to either 4a or 4b, please provide proposed or recommended accommodations:

5. If the certification is for the care of the employee's family member, please answer the following:


- a. The patient does, or will, require assistance for basic medical, hygiene, nutritional needs, safety or transportation.
 Yes No
- b. After review of the signed *Employee's Statement Regarding Seriously Ill Family Member*, 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

6. Estimate the period of time care will be needed or during which the employee's presence would be beneficial:

2 months

7. Please answer the following question only if the employee is asking for intermittent leave or a reduced work schedule:

- a. 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 deal with the serious health condition of the employee or family member?
 Yes No
- b. If the answer to 7a is yes, please indicate the estimated number of doctor's visits, and/or estimated duration of medical treatment, either by the health care practitioner or another provider of health services, upon referral from the health care provider.


Signature of Health Care Provider

2/26/10
Date

Chrysti Corkill
Signature of Employee

3/1/10
Date