Certification of Health Care Provider for

ACGME Caregiver/Medical Leave

Telephone: ()

The ACGME Caregiver/Medical Leave provides residents/fellows with a minimum of up to **six weeks** of approved medical, parental, or caregiver leave of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report.

SECTION I EMPLOYER

Either the employee or the employer may complete Section I. While use of this form is optional, this form asks the health care provider for the information necessary for a complete and sufficient medical certification. This form does not need to be completed to bond with a healthy newborn child or a child placed for adoption or foster care.

be completed to bond with a healthy newborn child or a c	child placed for adoption	on or foster care.
Employee name (First, Middle, Last):		
Employer name:	Date:	(mm/dd/yyyy: List date certification requested)
The medical certification must be returned by	(mm/dd/yyyy	y)
		d faith efforts.)
itle:	Job descriptio	on: (\square is $/\square$ is not) attached
(The essential functions of the employee's position are determ notified the employer of the need j		
SECTION II - HEA	ALTH CARE PR	OVIDER
Please provide your contact information, complete all re requested leave under the ACGME Caregiver/Medical Le to require that the employee submit a timely, complete, at due to the serious health condition of the employee. For means an illness, injury, impairment, or physic treatment by a health care provider.	eave. The ACGME Ca nd sufficient medical ce r ACGME Caregiver/N	regiver/Medical Leave allows an employer ertification to support a request for the leave Medical Leave purposes, a health
You may, but are not required to, provide other appropr of continuing treatment such as the use of specialized eq disclosure of private medical information about the course of treatment.	uipment. Please note ti	
(Print):		
business address:		
Type of practice/Medical specialty:		

Employee Name:		

PART A: Medical Information

Limit your response to the medical condition(s) for which the employee is seeking leave. Your answers should be your **best estimate**

Employee Name:	

PART B: Amount of Leave Needed

For the medical condition(s) checked in Part A, complete all that apply. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your **best estimate** based upon your medical knowledge,

PART C: Essential Job Functions
If provided, the information in Section I question #4 may be used to answer this question. If the employer fails to provide a statement of the essential functions or a job description, answer these questions based upon the own description of the essential job functions. An employee who must be absent from work to receive medical treatment(s), such as scheduled medical visits, for a serious health condition is considered to be <i>not able</i> to perform the essential job functions of the position during the absence for treatment(s).
Due to the condition, the employee (was not able / is not able / will not be able) to perform <i>one or more</i> of the essential job function(s). Identify at least one essential job function the employee is not able to perform:
Signature of Health Care Provider (mm/dd/yyyy)

Definitions of a Serious Health Condition

Inpatient Care

An overnight stay in a hospital, hospice, or residential medical care facility.

Inpatient care includes any period of incapacity or any subsequent treatment in connection with the overnight stay.

Continuing Treatment by a Health Care Provider (any one or more of the following)

Incapacity Plus Treatment: A period of incapacity of more than three consecutive, full calendar days, and any subsequent treatment or period of incapacity relating to the same condition, that also involves either:

Two or more in-person visits to a health care provider for treatment within 30 days of the first day of incapacity unless extenuating circumstances exist. The first visit must be within seven days of the first day of incapacity; or,

At least one in-person visit to a health care provider for treatment within seven days of the first day of incapacity, which results in a regimen of continuing treatment under the supervision of the health care provider. For example, the health provider might prescribe a course of prescription medication or therapy requiring special equipment.

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

Employee Name:

Chronic Conditions: Any period of incapacity due to or treatment for a chronic serious health condition, such as diabetes, asthma, migraine headaches. A chronic serious health condition is one which requires visits to a health care provider (or nurse supervised by the provider) at least twice a year and recurs over an extended period of time. A chronic condition may cause episodic rather than a continuing period of incapacity.

Permanent or Long-term Conditions: A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective, but which requires the c disease or the terminal stages of cancer.

Conditions Requiring Multiple Treatments: Restorative surgery after an accident or other injury; or, a condition that would likely result in a period of incapacity of more than three consecutive, full calendar days if the patient did not receive the treatment.