Certification of Health Care Provider

ACGME Caregiver/Medical Leave

The ACGME Caregiver/Medical Leave provides residents/fellows with a minimum of up to 6 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

Employee Name		
Employee Signature	Date:	(mm/dd/yyyy)

SECTION III HEALTH CARE PROVIDER

Please provide your contact information, complete all relevant parts of this Section, and sign the form below. A family member of your patient has requested leave under the ACGME Caregiver/Medical Leave to care for your patient. The ACGME Caregiver/Medical Leave allows an employer to require that the employee submit a timely, complete, and sufficient medical

Employee Name
eck the box(es) for the questions below, as applicable. For all box(es) checked, the amount of leave needed must be vided in Part B.
Inpatient Care : The patient (\square has been / \square is expected to be) admitted for an overnight stay in a hospital, hospice, or residential medical care facility on the following date(s):
Incapacity plus Treatment: (e.g. outpatient surgery, strep throat) Due to the condition, the patient (\square has been / \square is expected to be) incapacitated for more than three consecutive, full calendar days from (mm/dd/yyyy) to (mm/dd/yyyy).
The patient (\square was / \square will be) seen on the following date(s):
The condition (\square has / \square has not) also resulted in a course of continuing treatment under the supervision of a health care provider (e.g. prescription medication (other than over-the-counter) or therapy requiring special equipment)
Pregnancy : The condition is pregnancy. List the expected delivery date: (mm/dd/yyyy).
Chronic Conditions : (e.g. asthma, migraine headaches) Due to the condition, it is medically necessary for the patient to have treatment visits at least twice per year.
Permanent or Long-Term Conditions

Employee Name		
Due to the condition, the patient (\square	was / 🗆	