

V

First

Middle

Last

Your patient has requested leave under the Family Medical Leave Act (FMLA). Answer, fully

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 the beginning and ending dates for the period of incapacity:

\_\_\_\_\_

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

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period: \_\_\_\_\_

\_\_\_\_\_

Estimate the part-time or reduced work schedule the employee needs, if any: \_\_\_\_\_ hour(s) per day;  
\_\_\_\_\_ days per week from \_\_\_\_\_ through \_\_\_\_\_.

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

Is it medically necessary for the employee to be absent from work during the flare-ups?  No  Yes, if so, explain: \_\_\_\_\_

\_\_\_\_\_

If the employee has or will have flare-ups due to the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: \_\_\_\_\_ times per \_\_\_\_\_ week(s) \_\_\_\_\_ month(s)

Duration: \_\_\_\_\_ hours or \_\_\_\_\_ day(s) per episode

7. The following statement(s) apply to the employee as a result of the condition(s) listed in item 1:

The employee may return to work on \_\_\_\_\_ (date) with no restrictions.

The employee may return to work on \_\_\_\_\_ (date) with the following restrictions:  
essential functions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ until \_\_\_\_\_ (probable date of return to normal job duties, if applicable).

The employee may not return to work until further evaluation on \_\_\_\_\_ (date of next appt.).