

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 may 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.).