

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
necessary? ___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: _____

"_____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 _____
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.).