



## FMLA COMPLETION REQUEST

PATIENT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Pediatrics Northwest, PS follows the criteria established by the US Department of Labor (DOL) in determining if a Family Medical Leave Act (FMLA) certification form will be completed for a child's "serious health condition." The DOL states that an illness is considered a "serious health condition" if

- The patient receives continuing treatment for a chronic health condition such as diabetes or asthma.
- The patient requires inpatient care or an overnight stay in the hospital.
- The patient is incapacitated for more than 3 continuous days with continuing treatment by a healthcare provider (2 or more visits).

The DOL states that FMLA does not apply to routine medical examinations, such as a physical, or to common medical conditions, such as an upset stomach, unless complications develop.

**We can honor your employer's request for a FMLA certification form only if your child's illness meets the criteria established by the US Department of Labor and has been seen within the last year for an Annual Health screen.**

For more information please contact your employer's Human Resource department, or log onto the DOL website at <http://www.dol.gov>

If your child meets the criteria above, and your child's PCP is available, that PCP will fill out the FMLA form within 3-5 business days. All FMLA forms **MUST** be signed by the patient's **PCP ONLY**.

**Blank forms will not be accepted.** Forms will only be accepted for completion if the patient's name and other information has been completed.

Date: \_\_\_\_\_

Contact # for questions: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_