

FMLA Health Certification Review Checklist and Definitions (Excludes Military Leave)



DEFINITIONS

Incapacity:

- Inability to work, attend school or perform other regular daily activities due to the health condition, its treatment or during recovery.

Treatment-includes but is not limited to:

- Examinations to determine condition exists (excludes ordinary and customary examinations).
- Regimen of continuing treatment; prescription medication (typically excludes OTC medications) or therapy requiring special equipment.

Typically Excluded conditions-includes but is not limited to:

- Cosmetic treatment, headaches other than migraine, ear aches, upset stomach, routine dental or orthodontia, periodontal disease, common cold, flu, etc. ; however, any of these conditions are considered qualifying if the condition description meets the definition of Serious Health Condition below.

CHECKLIST CRITERIA IN REVIEWING FMLA HEALTH CERTIFICATION FORMS

Use the following as a guide in determining whether the health condition and need for absence qualify under FMLA. More than one set of criteria may apply, however; one checkmark under *Applies* demonstrates the condition qualifies for FMLA.

You may want to keep the checklist with your copy of the Designation Form (maintained in the employee's medical file) as your resource.

CONDITIONS QUALIFYING AS FMLA EVENTS

Serious Health Condition

Illness, injury, impairment or physical or mental condition requiring inpatient care (overnight plus incapacity) or continuing treatment by a treating health provider (THP).

Applies

- | | | |
|-----|----|--|
| Yes | No | Inpatient care and subsequent treatment <ul style="list-style-type: none">• Minimum of an overnight stay in a hospital, hospice, or residential medical care facility |
| Yes | No | Incapacity and treatment <ul style="list-style-type: none">• More than three consecutive, full calendar days of incapacity and subsequent treatment.<ul style="list-style-type: none">○ Treatment must be an in-person visit with the THP within seven days of the start of the incapacity and○ a second visit within 30 days of the start of the incapacity, or○ a regimen of continuing treatment under the supervision of the THP. |
| Yes | No | Cosmetic treatment <ul style="list-style-type: none">• Inpatient care or treatment of complications related to cosmetic treatment |

Chronic Serious Health Condition

Applies

- | | | |
|-----|----|--|
| Yes | No | <ul style="list-style-type: none">• Condition requiring incapacity or treatment that<ul style="list-style-type: none">○ requires periodic visits (at least twice in twelve months) for treatment by THP,○ continues over an extended period of time,○ causes recurring episodes (THP visit is not required), and○ may cause episodic periods of incapacity instead of a continuing period of incapacity |
|-----|----|--|

Permanent or Long Term Condition

Applies

- | | | |
|-----|----|---|
| Yes | No | • Permanent or long term period of incapacity required by a condition that may not respond to treatment |
| Yes | No | • THP may not be providing active treatment, examples: Alzheimer's, severe stroke, terminal stages of a disease |

Condition Requiring Multiple Treatments

Applies

- | | | |
|-----|----|---|
| Yes | No | • Condition requires multiple treatments by a THP for: <ul style="list-style-type: none">○ restorative surgery after an accident/injury or○ a condition that without treatment would result in at least four consecutive, full calendar days of incapacity, such as physical therapy for arthritis, dialysis for kidney disease, chemotherapy for cancer, etc. |
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Substance Abuse Treatment

Applies

- | | | |
|-----|----|--|
| Yes | No | • Condition meets incapacity and/or any treatment criteria described above |
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Child Entering the Home

Applies

- | | | |
|-----|----|--|
| Yes | No | Pregnancy or prenatal care Minimum of an overnight stay in a hospital, hospice, or residential medical care facility <ul style="list-style-type: none">• Prenatal care and/or period of any incapacity due to pregnancy (THP visit is not required during incapacity) |
| Yes | No | <ul style="list-style-type: none">• Husband/registered domestic same sex partner to care for the biological mother when incapacitated or to help with prenatal care |
| Yes | No | Foster care or adoption placement activities Cosmetic treatment <ul style="list-style-type: none">• Pre-placement activities including court, home visit, attorney appointments, etc. |
| Yes | No | Child's entry to the home <ul style="list-style-type: none">• Either or both parents may use up to 12 weeks of leave for bonding with the new born child or with the child placed in the home for foster care or adoption |
| Yes | No | <ul style="list-style-type: none">• When both parents are employed by the University the maximum leave is 12 weeks combined |

Key Information: Child Entering Home

- Up to 12 weeks of bonding leave is available within the 12 months beginning at birth for a new born and on the day of placement for foster care or adoption.
- Bonding leave is drawn from the 12 FMLA weeks available during a calendar year.
- Bonding leave may cross over to the following calendar year if within the 12 months following the child's entry to the home.