

County of Glenn  
CERTIFICATION OF A SERIOUS HEALTH CONDITION



Dear Health Care Provider:

Our employee may qualify for a leave of absence. We need your assistance in order to determine eligibility for such a leave. First, please carefully review the definition of a serious health condition on the reverse side of this form. Then, complete the Certification by a Health Care Provider section below and return this form to the County of Glenn. All questions must be fully answered in order for us to determine eligibility. Thank you for your assistance.

Patient's Name: \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

Employee's Name: \_\_\_\_\_

County of Glenn – Personnel  
525 W. Sycamore Street  
Willows, CA 95988  
(530) 934-6451 Main (530) 934-6452 Fax

CERTIFICATION BY A HEALTH CARE PROVIDER

1. Does this patient have a serious health condition (see reverse side for definition)    \_\_\_ Yes        \_\_\_ No

- 1a. If yes, specify what category:
- \_\_\_ Inpatient care
  - \_\_\_ Incapacity: more than 3 days & requires continuing treatment
  - \_\_\_ Incapacity: due to pregnancy
  - \_\_\_ Chronic condition requiring treatment
  - \_\_\_ Permanent/ long-term incapacity requiring supervision
  - \_\_\_ Absence due to multiple treatments

1b. If yes, and incapacity requires continuing treatment, describe the continuing treatment:

\_\_\_\_\_

1c. If yes, and a chronic condition, what is the likely duration and frequency of episodes of incapacity?

\_\_\_\_\_

2. Is the incapacity due to cosmetic treatment?    \_\_\_ Yes        \_\_\_ No

3. Is the injury a work related injury?    \_\_\_ Yes        \_\_\_ No

4. Approximate date that the serious health condition commenced? \_\_\_\_\_

5. Last day employee actually worked? \_\_\_\_\_

6. What is the probable duration of the serious health condition? \_\_\_\_\_

7. Approximate date of return to full-duty, with or without restrictions? \_\_\_\_\_

8. Is an intermittent leave or a reduced work schedule required as medically necessary?    \_\_\_ Yes        \_\_\_ No

8a. If yes, why is it necessary? \_\_\_\_\_

8b. If yes, what is the probable duration for such a need? \_\_\_\_\_

**This signature must be an original signature of the licensed health care professional that is providing treatment**

By signing below, I certify that the above information is true and complete to the best of my knowledge

Health Care Provider – Signature: \_\_\_\_\_

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

Health Care Provider – Printed Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Health Care Provider Address: \_\_\_\_\_ Fax: \_\_\_\_\_

## **GCPER-30 Serious Health Condition Instructions**

“**Serious Health Condition**” means an illness, injury, (including, but not limited to, on-the-job injuries), impairment, or physical or mental condition of the employee or a child, parent, or spouse of the employee that involves either inpatient care or continuing treatment, including, but not limited to, treatment for substance abuse. A serious health condition may involve one or more of the following:

### **1. Hospital Care**

Inpatient care in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care. A person is considered an “inpatient” when a health care facility formally admits him or her to the facility with the expectation that he or she will remain at least overnight and occupy a bed, even if it later develops that such person can be discharged or transferred to another facility and does not actually remain overnight.

### **2. Absence Plus Treatment**

(a) A period of incapacity of more than three consecutive calendar days (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:

(1) Treatment two or more times by a health care provider, by a nurse or physician’s assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a health care provider; or

(2) Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider.

**3. Pregnancy** [NOTE: An employee’s own incapacity due to pregnancy is covered as a serious health condition under FMLA but not under CFRA] Any period of incapacity due to pregnancy, or for prenatal care.

### **4. Chronic Conditions Requiring Treatment**

A chronic condition which:

(1) Requires periodic visits for treatment by a health care provider, or by a nurse of physician’s assistant under direct supervision of a health care provider;

(2) Continues over an extended period of time (including recurring episodes of a single underlying condition); and

(3) May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.).

### **5. Permanent/Long-term Conditions Requiring Supervision**

A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer’s, a severe stroke, or the terminal stages of a disease.

### **6. Multiple Treatments (Non-Chronic Conditions)**

Any period of absence to receive multiple treatments (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), or kidney disease (dialysis).

Note: Authority cited: Section 12935(a), Government Code. Reference: Section 12945.2, Government Code; California Genetic Information Nondiscrimination Act, Stats. 2011, ch. 261; Family and Medical Leave Act of 1993, 29 U.S.C. § 2601 et seq.; and 29 C.F.R. § 825.

**IMPORTANT NOTE:** The California Genetic Information Nondiscrimination Act of 2011 (CalGINA) prohibits employers and other covered entities from requesting, or requiring, genetic information of an individual or family member of the individual except as specifically allowed by law. To comply with the Act, we are asking that you not provide any genetic information when responding to this request for medical information. “Genetic Information,” as defined by CalGINA, includes information about the individual’s or the individual's family member's genetic tests, information regarding the manifestation of a disease or disorder in a family member of the individual, and includes information from genetic services or participation in clinical research that includes genetic services by an individual or any family member of the individual. “Genetic Information” does not include information about an individual’s sex or age.