Notice to Health Care Provider

Under Department of Labor regulations for the Family and Medical Leave Act and the State of California Family Rights Act, "health care provider" is defined as: a doctor of medicine or osteopathy, podiatrist, dentist, chiropractor, clinical psychologist, optometrist, nurse practitioner, nurse-midwife who is authorized to practice by the State and performing within the scope of their practice as defined by State law, or a Christian Science practitioner.

Our employee has requested leave under the provisions of Federal and/or California family and medical leave statutes for:

- His or her own serious health condition; or
- For the purpose of caring for your patient who is a parent (biological, foster or adoptive parent; a stepparent a legal guardian; or other person who stood in loco parentis to the employee when the employee was a child), child (biological, adopted or foster child; a stepchild; a legal ward; a child for whom the employee is standing in loco parentis to; or an adult dependent child), or spouse (a husband or wife as defined or recognized under State law for purposes of marriage, including common law marriage in states where it is recognized) of our employee. Please note the in-laws are not covered by this provision.

In order for the City to determine whether this leave qualifies for family and medical leave under Federal and/or State law, **please complete the brief Health Care provider section on the reverse side of this form and return it to our employee.**

A Serious Health Condition is:

Any illness, injury (including on the job), impairment or physical or mental condition that involves:

- Any period of incapacity or treatment in connection with or consequent to inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility; or
- Any period of incapacity requiring absence from work, school, or regular daily activities for more than three calendar days, that also involves continuing treatment by (or under the supervision of) a health care provider; or
- Continuing treatment by (or under the supervision of) a health care provider for a chronic or long-term health condition that is incurable or so serious that, if not treated, would likely result in a period of incapacity of more than three calendar days; or
- Prenatal care; or
- Pregnancy disability leave; leave taken for disability due to pregnancy, childbirth or related medical conditions.

Examples: heart attacks, heart conditions requiring heart bypass or valve operations, most cancers, back conditions requiring extensive therapy or surgical procedures, strokes, severe respiratory conditions, spinal injuries, appendicitis, pneumonia, emphysema, severe arthritis, severe nervous disorders, and injuries caused by serious accidents on or off the job.

A Serious Health Condition is Not:

- Allergies.
- The patient is not incapacitated for more than three calendar days, is not under the continuing care of a health care provider, and/or the patient does not have a serious long-term health condition; or
- Voluntary treatment or surgery unless inpatient hospital care is required.

DO NOT DISCLOSE THE UNDERLYING DIAGNOSIS WITHOUT CONSENT OF PATIENT

City of Newport Beach

(CONFIDENTIAL)
FOR RECORDKEEPING ONLY

FAMILY AND MEDICAL LEAVE CERTIFICATION

Employee Name:

Patient (if other than employee):

Relationship of employee to patient:

Beginning date of leave:

What is the employees anticipated return to work date:

Medical Status and Recommendations from Health Care Provider

Does this employee or patient have a serious health condition? (see definitions) ☐ yes ☐ no

On what date did the serious health condition commence? Duration of medical condition:

If leave is for the employee:

Is employee able to perform the functions of his/her job? (see job description) ☐ yes ☐ no

Questions regarding the employee's job duties may be addressed to the employee's supervisor.

Employee's Supervisor: _____ Phone: _____

Can the employee work a reduced work schedule or require other medical accommodation(s)? ☐ yes ☐ no

If yes, describe:

If leave is for employee's family member:

Is the employee's presence necessary to provide on-site care for the patient? or ☐ yes ☐ no

Is the employee's presence deemed beneficial to the welfare of the patient? ☐ yes ☐ no

Does the patient require full time care? ☐ yes ☐ no

If no, describe:

Health Care Provider Information

Health Care Provider Signature Date

Type of Health Care Provider (see definition):

Address Phone

Retention period 5 years