





2. Is the medical condition pregnancy?  No  Yes If so, expected delivery date: \_\_\_\_\_
3. Answer the following questions based upon the employee's description of his/her job functions. Is the employee unable to perform any of his/her job functions due to the condition:  No  Yes. If so, identify the job functions the employee is unable to perform:  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):  
 \_\_\_\_\_  
 \_\_\_\_\_

**PART B: AMOUNT OF LEAVE NEEDED**

5. 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: From: \_\_\_\_\_ To: \_\_\_\_\_

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition?  No  Yes

If so, are the treatments or the reduced number of hours of work medically 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 \_\_\_\_\_

7. 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:  
 \_\_\_\_\_  
 \_\_\_\_\_

Based upon the patient's medical history and your knowledge of 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)

**ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
**Signature of Health Care Provider**

\_\_\_\_\_  
**Date**