

Printed Name of Employee: _____



THE UNIVERSITY of
TULSA

Accessibility @ TU
800 South Tucker Drive ▪ Hardesty Hall ▪ Holmes Student
Center ▪ Second Floor ▪ Tulsa, Oklahoma 74104
ph: (918) 631-2334 / f: (918) 631-3459 ▪ E-mail:
access@utulsa.edu accessibility.utulsa.edu

**Certification of Health Care Provider for Veteran’s Serious Health
Condition under FMLA (Family and Medical Leave Act) for Military
Caregiver Leave**



Do not send completed form to the Department of Labor; Return to the ADA/504 Coordinator at TU.

OMB Control Number: 1235-0003 Expires: 8/31/2023

Section 1: Employee

Please complete Section I before giving this to the veteran’s health care provider. The FMLA permits an employer to require that employees submit a timely, complete, and sufficient certification to support a request for FMLA leave to care for a covered veteran with a serious health condition or injury. This certification is submitted by the veteran’s health care provider. Failure to provide a complete and sufficient certification may result in a denial of your FMLA request. **Please submit this form back to the TU ADA/504 Coordinator within 15 calendar days of receiving it.**

Recertifications are not allowed for FMLA leave to care for a covered servicemember. An employee may not be held liable for administrative delays in the issuance of military documents, despite the employee’s diligent, good-faith effort to obtain such documents. In lieu of this form, TU will accept as sufficient certification of the veteran’s serious injury or illness documentation indicating the veteran’s enrollment in the Department of Veteran’s Affairs Program of Comprehensive Assistance for Family Caregivers.

Your Name: _____
First Middle Last

Title: _____ **Department:** _____

Phone: _____ **Date Certification Requested:** _____

(1) Name of the veteran for whom you will provide care:

First Middle Last

(2) Select the relationship of the veteran to you. The veteran is your:

Spouse Parent Child Next of Kin

Spouse means a husband or wife as defined or recognized in the state where the individual was married, including a common law marriage or same-sex marriage. The terms “child” and “parent” include in loco parentis relationships in which a person assumes the obligations of a parent to a child. An employee may take FMLA leave to care for a covered servicemember who assumed the obligations of a parent to the employee when the employee was a child. An employee may also take FMLA leave to care for a covered servicemember for whom the employee has assumed the obligations of a parent. No legal or biological relationship is necessary. Next of Kin is the veteran’s nearest blood relative, other than the spouse, parent, or child in the following order of priority: (1) a blood relative as designated in writing by the veteran for purposes of FMLA leave, (2) blood relatives granted legal custody of the veteran, (3) siblings, (4) grandparents, (5) aunts and uncles, (6) first cousins.

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(3) The veteran was (honorably/ dishonorably) discharged or released from the Armed Forces, including the National Guard or Reserves. List the date of the veteran's discharge: _____ (mm/dd/yyyy)

(4) Please provide the veteran's military branch, rank, and unit at the time of discharge: _____

(5) The veteran (is/ is not) receiving medical treatment, recuperation, or therapy for an injury or illness.

(6) Briefly describe the care you will provide to the veteran: (check all that apply)

Assistance with basic medical, hygienic, nutritional, or safety needs Transportation

Physical care Psychological comfort Other (please specify): _____

(7) Give your best estimate of the amount of leave time needed to provide the care described: _____

(8) If a reduced work schedule is necessary to provide the care described, give your best estimate of the reduced schedule you are able to work. From _____ (mm/dd/yyyy) to

_____ (mm/dd/yyyy), I am able to work _____ (hours per day)

_____ (days per week).

Employee Signature: _____ Date: _____

Now provide this form to the veteran's health care provider.

Section II: Health Care Provider

Please provide your contact information, complete all relevant parts of this Section, and sign the form below. A family member of your patient has requested leave under the military caregiver leave provision of the FMLA to care for your patient as described in the preceding pages of this form. The FMLA allows an employer to require that the employee submit a timely, complete, and sufficient medical certification to support a request for FMLA military caregiver leave to care for a veteran with a serious health condition. For FMLA purposes, a "serious health condition" means an injury or illness incurred by the servicemember in the line of duty on active duty in the Armed Forces (or that existed before the beginning of the servicemember's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces) and manifested itself before or after the servicemember became a veteran and is: a continuation of a serious injury or illness that was incurred or aggravated when the covered veteran was a member of the Armed Forces and rendered the servicemember unable to perform the duties of the servicemember's office, grade, rank, or rating; or a physical or mental condition for which the covered veteran has received a U.S. Department of Veterans Affairs Service Related Disability Rating (VASRD) of 50 percent or greater, and such VASRD rating is based, in whole or in part, on the condition precipitating the need for military caregiver leave; or a physical or mental condition that substantially impairs the covered veteran's ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service, or would do so absent treatment; or an injury, including a psychological injury, on the basis of which the covered veteran has been enrolled in the Department of Veteran's Affairs Program of Comprehensive Assistance for Family Caregivers. For more information about the definitions of a serious health condition under the FMLA, see the chart at the end of the form.

"Need for care" includes both physical and psychological care. It includes situations where, for example, due to their

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serious injury or illness, the veteran is not able to care for their own basic medical, hygienic, or nutritional needs or safety, or needs transportation to the doctor. It also includes providing psychological comfort and reassurance which would be beneficial to the veteran who is receiving inpatient or home care.

A complete and sufficient certification to support a request for FMLA military caregiver leave due to a covered veteran's serious health condition includes written documentation confirming that the veteran's injury or illness was incurred in the line of duty on active duty or existed before the beginning of the veteran's active duty and was aggravated by service in the line of duty on active duty, and that the veteran is undergoing treatment, recuperation, or therapy for such injury or illness by a health care provider listed above. Information about the FMLA may be found on the [WHD website](#).

Provider's name: _____

Provider's business address: _____

Type of practice/Medical specialty: _____

Telephone: (_____) _____ Fax: (_____) _____

Please attach a copy of your business card.

Please select the type of FMLA health care provider you are:

- DOD health care provider
- VA health care provider
- DOD TRICARE network authorized private health care provider
- DOD non-network TRICARE authorized private health care provider
- Health care provider as defined in 29 CFR § 825.125

Part A: Medical Information

Please provide appropriate medical information for the patient as requested below. Limit your responses to the veteran's condition for which the employee is seeking FMLA leave. Your answers should be your best estimate based upon your medical knowledge, experience, and examination of the patient. After completing Part A, complete Part B to provide information about the amount of leave needed. If you are unable to make certain military-related determinations contained below, you are permitted to rely upon determinations from an authorized DOD representative, such as a DOD Recovery Care Coordinator, or an authorized VA representative. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), genetic services, as defined in 29 C.F.R. § 1635.3(f), or genetic services, as defined in 29 CFR § 1635.3(e). If more room is needed to answer a question, please attach the rest of the answer.

(1) Patient's Name: _____

(2) State the approximate date the condition started or will start: _____ (mm/dd/yyyy)

(3) Provide your **best estimate** of how long the condition will last: _____

(4) The veteran's illness or injury: *(Select as appropriate)*

- Was incurred in the line of duty on active duty
- Existed before the beginning of the veteran's active duty and was aggravated by service in the line of duty on active duty

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____ None of the above

The veteran (____ is/____ is not) undergoing medical treatment, recuperation, or therapy for this condition. If yes, briefly describe the medical treatment, recuperation, or therapy: _____

(5) The veteran's medical condition is: *(Select as appropriate)*

____ A continuation of a serious injury or illness that was incurred or aggravated when the covered Veteran was a member of the Armed Forces and rendered the servicemember not able to perform the Duties of the servicemember's office, grade, rank, or rating.

____ A physical or mental condition for which the covered veteran has received a U.S. Department of Veterans Affairs Service Related Disability Rating (VASRD) of 50% or higher, and such VASRD rating is based, in whole or in part, on the condition precipitating the need for military caregiver leave.

____ A physical or mental condition that substantially impairs the covered veteran's ability to secure or follow a substantially gainful occupation by reason of a disability related to military service, or would do so absent treatment.

____ An injury, including a psychological injury, on the basis of which the covered veteran is enrolled in the Department of Veterans' Affairs Program of Comprehensive Assistance for Family Caregivers.

____ None of the above. *(Note to employee: If this box is checked, you may still be eligible to take leave to care for a covered family member with a "serious health condition" under 29 CFR § 825.113 of the FMLA. If such leave is requested, you may be required to complete a Certification Form seeking the same information.)*

Part B: Amount of Leave Needed

For the medical condition(s) checked in Part A, complete all that apply. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your **best estimate** based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA military caregiver leave coverage.

(6) Due to the condition, the veteran will need care for a **continuous period of time**, including any time for treatment and recover. Provide your **best estimate** of the beginning date _____ *(mm/dd/yyyy)* and end date _____ *(mm/dd/yyyy)* for this period of time.

(7) Due to the condition, it is medically necessary for the veteran to attend **planned medical treatment** appointments (scheduled medical visits). Provide your **best estimate** of the duration of the treatment(s), including any period(s) of recovery: _____

(e.g., 3 days/week)

(8) Due to the condition, it is medically necessary for the veteran to receive care on an **intermittent basis** (periodically), such as the care needed because of episodic flare-ups of the condition or assisting with the veteran's recovery. Provide your **best estimate** of how often (frequency) and how long (duration) the episodes of incapacity will likely last.

Over the next 6 months, intermittent care is estimated to occur _____ times per (____ day/ ____ week/ ____ month) and is likely to last approximately _____ (____ hours/ ____ days) per episode.

Signature of Health Care Provider _____ Date _____
(mm/dd/yyyy)

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