

**Family and Medical Leave Act
Certification for Serious Injury or Illness
of a Current Servicemember
For Military Caregiver Leave**

SECTION I: For Completion by the EMPLOYEE and/or the CURRENT SERVICEMEMBER for whom the Employee Is Requesting Leave

INSTRUCTIONS to the **EMPLOYEE** or **CURRENT SERVICEMEMBER**: The FMLA permits an employer to require that an employee submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a serious injury or illness of a Current Servicemember. If requested by the employer, your response is required to obtain the benefit of FMLA-protected leave. **Failure to provide a complete and sufficient certification may result in a denial of your FMLA request.** You will have 15 calendar days to return this form to Human Resources. *This section must be completed before Section II can be completed by a health care provider.*

PART A – EMPLOYEE INFORMATION

Name and Address of Employer (this is the employer of the employee requesting leave to care for the current Servicemember):

Name of Employee Requesting Leave to Care for Current Servicemember:

First Middle Last

Name of Current Servicemember for whom employee is requesting leave:

First Middle Last

Relationship of Current Servicemember to employee requesting leave:

Spouse Parent Son Daughter Next of Kin: _____(specify relationship)

PART B – COVERED SERVICEMEMBER INFORMATION

1) Is the Servicemember a current member of the Regular Armed Forces, the National Guard, or Reserves?

Yes No

If yes, please provide the Covered Servicemember's military branch, rank and unit currently assigned to:

Is the Servicemember assigned to a military medical treatment facility as an outpatient or to a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients (such as a medical hold or warrior transition unit)?

Yes No.

If yes, please provide the name of the medical treatment facility or unit:

2) Is the Servicemember on the Temporary Disability Retired List (TDRL)?

Yes No

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PART C – CARE TO BE PROVIDED TO THE COVERED SERVICEMEMBER

Describe the care to be provided to the Servicemember and an estimate of the leave needed to provide the care:

SECTION II: For Completion by a United States Department of Defense (“DOD”) Health Care Provider or a Health Care Provider who is either: (1) a United States Department of Veterans Affairs (“VA”) health care provider; (2) a DOD TRICARE network authorized private health care provider ; (3) a DOD non network TRICARE authorized private health care provider; or (4) a health care provider defined in 29 C.F.R. § 825.125. If you are unable to make certain of the military-related determinations contained below in Part B, you may rely on determinations from an authorized DOD representative (such as a DOD recovery care coordinator).

Please be sure that Section I above has been completed before completing this section.

INSTRUCTIONS to the HEALTH CARE PROVIDER: The employee listed on page 1 has requested leave under the FMLA to care for a family member who is a current member of the Regular Armed Forces, the National Guard, or the Reserves and is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list for a serious injury or illness that:

- 1) Was incurred or aggravated in the line of duty on active duty in the Armed Forces; and
- 2) May render the servicemember medically unfit to perform the duties of his or her office, grade, rank, or rating.

A complete and sufficient certification to support a request for FMLA leave due to a Servicemember’s serious injury or illness includes written documentation confirming that: a) the Servicemember’s injury or illness was incurred in the line of duty on active duty (or, if not, that the illness or injury 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 b) the Servicemember is undergoing treatment for such injury or illness by an appropriate health care provider listed above. Answer, fully and completely, all applicable parts.

Several questions seek information about the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based on 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 coverage. Limit your responses to the Servicemember’s condition for which the employee is seeking leave. ***Please be sure to sign the form on the last page.***

PART A – HEALTHCARE PROVIDER INFORMATION

Health Care Provider’s Name and Business Address:

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

Type of Practice/Medical Specialty: _____

Are you either: (1) a DOD health care provider; (2) a VA health care provider; (3) a DOD TRICARE network authorized private health care provider; (4) a DOD non-network TRICARE authorized private health care provider; or (5) other health care provider as defined in 29 C.F.R. § 825.125?

- Yes No

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PART B – MEDICAL STATUS

1) The Current Servicemember's medical condition is classified as (Check One of the Appropriate Boxes):

(VSI) Very Seriously Ill/Injured – Illness/Injury is of such a severity that life is imminently endangered. Family members are requested at bedside immediately. (Please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.)

(SI) Seriously Ill/Injured – Illness/injury is of such a severity that there is cause for immediate concern but there is no imminent danger to life. Family members are requested at bedside. (Please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.)

OTHER Ill/Injured – A serious injury or illness that may render the servicemember medically unfit to perform the duties of the member's office, grade, rank, or rating.

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 §825.113 of the FMLA. If such leave is requested, you may be required to complete the "Certification of Health Care Provider for Family Member's Serious Health Condition.")

2) Is the Servicemember being treated for a condition that was incurred or aggravated by service in the line of duty on active duty in the Armed Forces?

Yes No

3) Approximate date condition commenced: _____

4) Probable duration of condition and/or need for care: _____

5) Is the Covered Servicemember undergoing medical treatment, recuperation, or therapy for this condition?

Yes No.

If yes, please describe medical treatment, recuperation or therapy: _____

PART C – COVERED SERVICEMEMBER'S NEED FOR CARE BY FAMILY MEMBER

1) Will the Servicemember need care for a single continuous period of time, including any time for treatment and recovery?

Yes No

If yes, estimate the beginning and end dates for this period of time: _____

2) Will the Servicemember require periodic follow-up treatment appointments?

Yes No

If yes, estimate the treatment schedule: _____

3) Is there a medical necessity for the Servicemember to have periodic care for these follow-up treatment appointments?

Yes No

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4) Is there a medical necessity for the Servicemember to have periodic care for other than scheduled follow-up treatment appointments (e.g., episodic flare-ups of medical condition)?

Yes No

If yes, please estimate the frequency and duration of the periodic care:

Signature of Health Care Provider: _____ Date: _____

RETURN THE COMPLETED FORM TO THE PATIENT.