

## CERTIFICATION BY HEALTH CARE PROVIDER FOR FAMILY OR MEDICAL LEAVE

<b>EMPLOYEE'S NAME:</b>	<b>PATIENT'S NAME (if other than employee):</b>
<p><b>1. Does _____ have a serious health condition?*</b> (patient) ____ YES (continue with #2)      ____ NO (provide signature and return form to address listed)</p> <p><b>*NOTE: Wisconsin's Family and Medical Leave law (s. 103.10, Wis. Stats.) defines a "serious health condition" as: A disabling physical or mental illness, injury, impairment or condition involving either: 1) inpatient care in a hospital, or 2) outpatient care that requires continuing treatment or supervision by a health care provider.</b></p>	
<b>2. Date condition commenced:</b>	
<b>3. Probable duration of condition / estimated date employee can return to work:</b>	
<b>4. Specify medical facts regarding the serious health condition:</b>	
<b>5. Indicate the extent to which the employee is unable to perform his or her employment duties:</b>	

**Health Care Provider Name (please print):** \_\_\_\_\_

**Type of Practice / Medical Specialty:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Telephone:** (\_\_\_\_\_) \_\_\_\_\_      **Fax:** (\_\_\_\_\_) \_\_\_\_\_

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

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

*Please return completed, signed form to the following address:*

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

**Genetic Information Nondiscrimination Act of 2008 Notification**

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law including, but not limited, to when the employee requests leave for a family member's health condition to (1) document appropriate use of sick leave; and (2) where "family medical history" is required to the extent necessary to make the medical certification complete and sufficient under the FMLA and WFMLA.

To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information unless it meets the family member exceptions noted above.

'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.