

		<input type="checkbox"/> 2. Outpatient Surgery	<input type="checkbox"/> 3. Absence plus Treatment	<input type="checkbox"/> 4. Chronic Conditions Requiring Treatments
<input type="checkbox"/> 5. Pregnancy	<input type="checkbox"/> 6. Permanent/Long-term Conditions Requiring Supervision		<input type="checkbox"/> 7. Multiple Treatments (Non-Chronic Conditions)	<input type="checkbox"/> 8. None of the above
B. Does (or will) the patient require assistance for basic medical, hygiene, nutritional needs, safety or transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No			If no, would the employee's presence provide psychological comfort to the patient or assist in the patient's recovery? <input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Describe the medical facts which support your certification, including a brief statement as to how the medical facts meet the criteria of one of these categories:				
D. State the approximate date condition commenced and the probable duration of condition:				
Name of Healthcare Provider (Print)		Type of Practice (Specializations, if any)		Telephone Number () -
_____			_____	
Health Care Provider Signature			Date	

Imperial Valley College Human Resources: (760)355- 6212 Fax: (760)355-6211

¹ Employees have 12-weeks in a 12-month period in which they may qualify for FMLA. Any previous time off under FMLA in the past 12 months will be deducted from the current 12 -week period .