

HEALTH CARE PROVIDER CERTIFICATION FOR CARE OF FAMILY MEMBER WITH SERIOUS HEALTH CONDITION

(to be completed by the health care provider for the care recipient (patient) and returned to the employee identified above)

Patient Information / family member with serious health condition (to be completed by the health care provider for the care recipient (patient) and returned to the employee identified above)

1. Does patient require care by the employee requesting Paid Family Leave(PFL)?

Note:

2. Primary ICD-10 code (optional)

3. Diagnosis

4. Date patient's condition commenced

 / /

5. First date care for patient is needed

 / /

6. Expected date patient will no longer require care

Health Care Provider Information (to be completed by the health care provider for the care recipient (patient) and returned to the employee identified above)
