UNIVERSITY OF WEST FLORIDA

EMPLOYEE MEDICAL LEAVE FORM (USDOL) CERTIFICATION OF PHYSICIAN OR HEALTH CARE PROVIDER (FAMILY AND MEDICAL LEAVE ACT OF 1993)

1. Employee's Name (Print)	
2. Diagnosis	
3. Date condition commenced	4. Probable duration of condition (Return to Work Date)
5. Regimen of treatment to be prescribed (indicate number of visits, general nature and duration of treatment, including referral to other provider of health services. Include schedule of visits or treatment, if it is medically necessary for the employee to be off work on an intermittent basis or to work less than the employee's normal schedule of hours per day or days per week.)	
A. By Physician or Practitioner:	
B. By another provider of health services, if referred by Physician or Practitioner:	
C. Is condition pregnancy?Yes No If Yes,	Due date:
6. Is inpatient hospitalization of the employeerequired?	Yes No
7. Is employee able to perform work of any kind? (If "NO", skip item 8) Yes No	
8. Continuous or Intermittent Leave? A. Will the employee need to be off for a single continuous period or intermittently? 1) If continuous, what will be the begin date and end date of incapacity? 2) If a reduced schedule is recommended, what would you recommend? # Days of work per week # Hours of work per day 3) If intermittent, what frequency will the employee need to be off from work? 4) If you anticipate the employee experiencing flare-ups, what would be the frequency of such flare-ups: # Times per week # Times per month Durations: # hours or # days per event	
 Is employee able to perform the functions of employee's position? (Answer after reviewing Job Description from employer of essential functions of employee's position, or, if none provided, after discussing with employee.) Yes No If any limitations, please note them beside the essential duties on the Job Description. 	
10. Employee Signature	11. Date
12. Signature and printed Name of Physician or Practitioner	13. Date
14. Type of Practice (Office stamp and Phone number) (Field of Specialization, if any.)	