PAID FAMILY LEAVE – IMMEDIATE FAMILY MEDICAL CERTIFICATE

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. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. '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.

Part A. Completed by Agency

1. Employee's name: _____

          (Last)   (First)   (MI)

2. Date certificate requested: _____

3. Certificate must be returned by: _____

Part B. Completed by Employee

1. Name of the immediate family member for whom you will provide care:

    _____

Select the relationship of the immediate family member to you: ☐ parent / ☐ sibling / ☐ child by blood, adoption or marriage / ☐ spouse / ☐ grandparent / ☐ grandchild.

_____   _____

(Signature of employee)   (Date)

Part C. Completed by Health Care Provider

Section 1. Health Care Provider Information

1. Health care provider's name: _____

2. Health care provider's business address: _____

_____

3. Type of practice/medical specialty: _____

4. Telephone #: _____ 5. Fax #: _____

6. Email address: _____

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Section 2. Medical information

1. Patient's name: _____

"**NRS 232.4854 "Serious illness" defined.** "Serious illness" means a medical illness, physical injury or condition that substantially affects the quality of life of a person for more than a short period of time. A serious illness includes, without limitation, Alzheimer's disease and related dementias, cancer, lung disease, heart, renal or liver failure and similar conditions or diseases."

1. ☐ Patient has a serious illness pursuant to NRS 232.4854 (see above).

   ☐ Patient does <u>not</u> have a serious illness pursuant to NRS 232.4854 (see above).

2. Approximate date the serious illness started or will start: _____

3. Provide your best estimate of how long the serious illness lasted or will last: _____

_____

4. Briefly describe the type of care needed by the patient: _____

_____

Section 3. Amount of leave needed

1. ☐ Patient will need continuous care because of the serious illness.

   Best estimate of BEGINNING date of need for care: _____

   Best estimate of ENDING date of need for care: _____

2. ☐ Patient will need care on an intermittent basis (periodically) because of the serious illness.

   Best estimate of how often (frequency) and how long (duration) the intermittent need for care will likely last:

   A need for care is estimated to occur _____ times per ☐ day / ☐ week / ☐ month

   and are likely to last approximately _____ ☐ hours / ☐ days per instance.

_____ _____
(Signature of health care provider)   (Date)