

PAID FAMILY LEAVE – EMPLOYEE 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: _____

4. Employee’s job title: _____

Job essential functions ☐ are / ☐ are not attached.

Employee’s regular work schedule: _____

Part B. 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 not 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: _____

Section 3. Amount of leave needed

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

Best estimate of BEGINNING date of need for leave: _____

Best estimate of ENDING date of need for leave: _____

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

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

A need for leave 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)