



Medical Certification  
Serious Injury or Illness of a Current Service member  
(Family & Medical Leave Act – Military Caregiver Leave)  
**VETERAN**

EMPLOYEE: The FMLA permits an employer to require that you submit a timely, complete and sufficient certification to support a request for FMLA leave. Employee ID #: \_\_\_\_\_

Employee: \_\_\_\_\_ Department: \_\_\_\_\_

Employee Requesting Leave Beginning: \_\_\_\_\_ Date Expected Return to Work: \_\_\_\_\_

Veteran's Name: \_\_\_\_\_

Relationship to employee:  Spouse  Parent  Son  Daughter  Next of Kin \_\_\_\_\_

1. Date of the veteran's discharge: \_\_\_\_\_
2. Was the veteran dishonorably discharged or released from the Armed Forces (including National Guard or Reserves)?  
 Yes  No
3. Veteran's military branch, rank and unit at time of discharge: \_\_\_\_\_
4. Is the veteran receiving medical treatment, recuperation, or therapy for an injury or illness?  
 Yes  No

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that the statements made by me are true and correct to the best of my knowledge.

**TO BE COMPLETED BY HEALTH CARE PROVIDER**

**UNITED STATES DEPARTMENT OF DEFENSE (DOD), PATIENT'S HEALTH CARE PROVIDER (Veterans Affairs (VA) health care provider, DOD TRICARE provider or other health care provider) INSTRUCTIONS:** The employee identified above has requested leave under the FMLA to care for a family member who is a veteran. For purposes of FMLA military caregiver leave, a serious injury or illness means an injury or illness incurred by the servicemember in the line of duty on active duty in the Armed Forces (or that existed before the beginning of the servicemember's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces) and manifested itself before or after the servicemember became a veteran, and is:

- i. a continuation of a serious injury or illness that was incurred or aggravated when the covered veteran was a member of the Armed Forces and rendered the servicemember unable to perform the duties of the servicemember's office, grade, rank or rating; or
- ii. a physical or mental condition for which the covered veteran has receive a US Department of Veterans Affairs Service related Disability Rating (VASRD) of 50 percent or greater, and such VASRD rating is based in whole or in part, on the condition precipitating the need for military caregiver leave; or
- iii. a physical or mental condition that substantially impairs the covered veteran's ability to secure or follow a substantially gainful occupation by reason of a disability or disability's related to military service, or would do so absent treatment or
- iv. an injury including a psychological injury on the basis of which the covered veteran has been enrolled in the Department of Veteran's Affairs Program of Comprehensive Assistance for Family Caregivers.

A complete and sufficient certification to support a request for FMLA military caregiver leave due to a covered veteran's serious injury or illness includes written documentation confirming that the veteran's injury or illness was incurred in the line of duty on active duty or existed before the beginning of the veteran's active duty and was aggravated by service in the line of duty on active duty, and that the veteran is undergoing medical treatment, recuperation, or therapy for such injury or illness by a health care provider listed herein. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" are not sufficient

to determine FMLA military care giver leave coverage. Limit your responses to the veteran's condition for which the employee is seeking leave. Please be sure to sign the form on the last page. DO NOT TO DISCLOSE THE UNDERLYING DIAGNOSIS WITHOUT THE WRITTEN CONSENT OF THE PATIENT:

1. The Veteran's medical condition is:

- A continuation of a serious injury or illness that was incurred or aggravated when the covered veteran was a member of the Armed Forces and rendered the servicemember unable to perform the duties of the servicemember's office, grade, rank or rating.
- A physical or mental condition for which the covered veteran has received a US Department of Veterans Affairs Service Related Disability Rating (VASRD) of 50% or higher, and such VASRD rating is bad, in whole or in part, on the condition precipitating the need for military caregiver leave.
- A physical or mental condition that substantially impairs the covered veteran's ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service, or would do so absent treatment.
- An injury, including a psychological injury, on the basis for which the covered veteran is enrolled in the Department of Veterans' Affairs program of Compensation Assistance for Family Caregivers
- None of the above

1) Is the veteran being treated for a condition that was incurred or aggravated by service in the line of duty on active duty in the Armed Forces?  Yes  No

If yes, please provide the name of the medical treatment facility or Unit:

\_\_\_\_\_

2) Approximate date condition commenced: \_\_\_\_\_

3) Probable duration of condition and or need for care: \_\_\_\_\_

4) Is the veteran undergoing medical treatment, recuperation, or therapy for this condition?  Yes  No

If yes, please describe medical treatment, recuperation or therapy: \_\_\_\_\_

"Need for care" encompasses both physical and psychological care. It includes situations where, for example, due to his or her serious injury or illness, the veteran is unable to care for his or her own basic medical, hygienic, or nutritional needs or safety, or is unable to transport him or herself to the doctor. It also includes providing psychological comfort and reassurance that would be beneficial to the veteran who is receiving inpatient or home care.

1) Will the veteran need care for a single continuous period of time, including any time for treatment and recovery?

Yes  No If yes, estimate the beginning and ending dates for this period of time: \_\_\_\_\_

\_\_\_\_\_

2) Will the veteran require periodic follow-up treatment appointments

Yes  No

If yes, estimate the treatment schedule: \_\_\_\_\_

3) Is there a medical necessity for the veteran to have periodic care for these follow-up treatment appointments?

Yes  No

4) Is there a medical necessity for the veteran to have periodic care for other than scheduled follow-up treatment appointments (e.g. episodic flare-ups of medical condition)?

Yes  No

If yes, estimate the frequency and duration of the periodic care: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- DOD Health Care Provider  
 VA Health Care Provider  
 DOD TRICARE Network Authorized Private Health Care Provider  
 DOD Non-Network TRICARE Authorized Private Health Care Provider or  
 Health Care Provider as defined in 29 CFR 825.125

Name of Treating Health Care Provider:	License #:	Phone:	Fax:
Business address:	Medical Specialty:		
_____	_____		
Signature of Treating Health Care Provider	Date		

*I certify that I am the physician providing care for the patient identified in this document and that the statements made by me are true and correct to the best of my knowledge.*

*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.*