Stanislaus County

CEO- Risk Management Division

1010 10th Street Suite 5900, Modesto, CA 95354 Phn 209-525-5715 Fax 209-525-5779

Medical Certification of Employee **Pregnancy Related Disability** Leave, Transfer and / or Reasonable Accommodation

EMPLOYEE: The PDL/FMLA permits an employer to require that you submit a timely, complete and sufficient certification to support a request for PDL/FMLA leave due to a qualifying pregnancy related disability (including, but not limited to, doctor-ordered bed rest, severe morning sickness, prenatal or postnatal care, gestational diabetes, pregnancy-induced hypertension, preeclampsia, post -partum depression, lactation-related medical conditions, or recovery from loss or end of pregnancy). Employees must give department 30 days advance notice or as much time as practicable and must make a reasonable effort to schedule leave so as not to disrupt unduly the employer's operations.

Employee:		Employee ID #:				
Employ	ee Job Title:	Department:				
Expected Date of Delivery:		Pregnancy Disability L	Pregnancy Disability Leave to Begin:			
_	g (CFRA) may be available when the pe ons ends	riod of actual disability due to pregnan	ncy. childbirth and recovery or related medical			
Request	ted Bonding Leave to Begin:	Requested Return to W	Requested Return to Work Date:			
	TO B	BE COMPLETED BY HEALTH CARE PROVI	DER			
your be complet	est estimate based upon your medica	I knowledge, experience, and examina eterminate" are not sufficient to detern	dition, treatment, etc. Your answer should be ation of the patient. Please answer fully and mine PDL/FMLA/CFRA coverage Please be sure			
-,		Per Week Per Month	Hours			
	Number of anticipated doctor visits		umber of hours per visits			
2)	Is it medically advisable for the emploral altercations, must be provided with a ☐ Yes☐ No If yes identify any advisable		ting in excess of lbs., no physical			
	Restrictions:					
3)	Is it medically advisable for the employee to transfer to a less strenuous or hazardous position or to be assigned to less strenuous or hazardous duties? —Yes—No If yes identify any advisable restrictions below. Effective date:					
	Restrictions:		ctive date:			

4)	Is it medically advisable for the employed ☐ Yes☐ No If the employee needs a reneeds: Employee should work no more than:	duced schedule, estimate t	he part-time or red					
	Beginning Date:	Ending Date:						
5)	5) Is it medically advisable for the employee to take leave on an intermittent basis for periods of incapacity or medical treatment? ☐ Yes☐ No If so estimate the frequency of the need for intermittent leave and the duration of incapacity to perform duties: Number of anticipated flare-ups per ☐ week or ☐ month Duration of flare-ups per ☐ hours or ☐ days							
6)								
7) □Y	7) If no, is the employee <u>unable</u> to perform one or more of the essential functions of her position without undue risk to herself, to others, or the successful completion of her pregnancy?							
Treating	g provider's name:	Licer	nse #:	Phone:	Fax:			
Busines	s address:							
Signature of Provider		Date		 Medical Spe	Medical Specialty			

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.

Reference: Government Code sections 12935, subd. (a), 12940, 12945; FMLA, 29 U.S.C. §2601, et seq. and FMLA regulations 29 C.F.R §825

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.