



For Completion by Employee: This form must be completed in its entirety by your healthcare provider and returned to HR within 15 calendar days. Failure to provide a complete and sufficient medical certification may result in the delay or denial of your FMLA request.

1. UT Austin Employee's Name: 2. Employee's EID: 3. Date:

For Completion by the Health Care Provider: 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.

4. Describe relevant medical facts for patient in box 1 (such facts may include symptoms, diagnosis, or any regimen of continuing treatment)
Please check if additional pages were added.

5. Date condition commenced: 6. Estimated duration of condition: 7. Is condition pregnancy? Yes No
If yes, expected delivery date:

8. FOR FMLA ELIGIBILITY Please check any applicable category or categories relating to the employee's medical condition:
a. Incapacity of More Than Three Calendar Days
b. Pregnancy
c. Hospital Care
d. Intermittent Incapacity / Chronic Conditions Requiring at Least Two Treatments per Year
e. Permanent/Long-term Conditions Requiring Supervision
f. Multiple Treatments (Non-Chronic Conditions)
g. None of the Above.

9. AMOUNT OF LEAVE NEEDED Please check the following statement(s) that apply to the employee's medical condition resulting from the injury or illness, and answer the following questions based on the employee's job description or the employee's own description of his/her job duties:
a. The employee may return to work without restrictions.
b. The employee is incapacitated and may not return to work until
c. The employee may return to work, but may miss work on an episodic basis as a result of flare-ups.
d. The employee may return to work with work restrictions indicated below.

X Health Care Provider SIGNATURE

Health Care Provider PRINTED Name

SUBMIT FORM TO HR - Benefits & Leave Fax: (512) 471-7008 UTA, 3.408
NEED HELP? HR - Benefits & Leave Phone: (512) 475-8099 HRS-LM@austin.utexas.edu

Date Phone

Type of Practice / Medical Specialty