



Transport Workers Union of America, AFL-CIO  
 Air Transport Division  
 Local 555  
 Southwest Airlines Ramp, Operations, & Provisioning



## WORKERS RIGHTS ADVISORY #33

June 20, 2005

### WHAT THE MEDICAL CERTIFICATION PORTION OF FMLA FORMS SHOULD INCLUDE

#### FOR AN EMPLOYEE'S OWN SERIOUS HEALTH CONDITION

- The Date on which the serious health condition began.
- The probable duration of the condition.
- The appropriate medical facts within the knowledge of the health care provider.
- An estimate of the probable number of any required additional treatments.
- A statement that the employee is unable to perform job functions.
- For pregnancy or chronic conditions... **The form must include.**
  - Whether the patient is presently incapacitated.
  - The duration and expected frequency of episodes of incapacity

#### FOR AN INTERMITTENT LEAVE REQUEST... **The following must also be included.**

- Planned medical treatments.
- Date which treatment is expected to be given and the duration.
- Statements of medial necessity for intermittent leave or reduced schedule.

#### FOR AN EMPLOYEE'S FAMILY MEMBER

- Whether the patient needs help with basic medical, safety or transportation.
- Whether the employee is providing psychological comfort to the patient.
- The probable duration of the need for long-term care.
- If the patient will need care only intermittently or on a part-time basis.

### WHO IS A QUALIFIED HEALTH CARE PROVIDER?

Licensed Doctors of Medicine or Osteopathy

Podiatrists

Dentists

Clinical Psychologists

Clinical Social Workers

Optometrists

Chiropractors

Nurse Practitioners

Nurse-Midwives

Christian Science Practitioners

**Educated = Empowered**

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