**NOTICE TO HEALTH CARE PROVIDER**
(Request for Catastrophic Leave Certification)

Under Department of Labor regulations a "health provider" is defined as: a doctor of medicine or osteopathy, podiatrist, dentist, chiropractor, clinical psychologist, optometrist, nurse practitioner, nurse-midwife who is authorized to practice by the State and performing within the scope of their practice as defined by State Law, or a Christian Science practitioner.

Our employee has requested a Catastrophic Leave for:

- his or her own serious health condition; or
- for the purpose of caring for your patient (e.g., spouse, child, parent, sibling, grandparent, grandchild, or individuals residing in the employee's household).

In order for the University to determine whether this leave qualifies for a Catastrophic Leave, please complete the brief **HEALTH CARE PROVIDER CERTIFICATION FORM** (attached).

**A SERIOUS HEALTH CONDITION IS:**

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves:

- Any period of incapacity or treatment connected with inpatient care (e.g., an overnight stay) in a hospital, hospice, or residential medical care facility; or
- A period of incapacity requiring absence of more than three calendar days from work, school, or other regular daily activities that also involve continuing treatment by (or under the supervision of) a licensed health care provider; or
- Any period of incapacity due to pregnancy, or for prenatal care; or
- Any period of incapacity (or treatment therefore) due to a chronic serious health condition (e.g., asthma, diabetes, epilepsy, etc.); or
- A period of incapacity that is permanent or long-term due to a condition for which treatment may be effective (e.g., Alzheimer's, stroke, terminal disease, etc.); or
- Any absence to receive multiple treatments (including any period of recovery) by, or referral by, a licensed health care provider for a condition that likely would result in incapacity of more than three consecutive days if left untreated (e.g., chemotherapy, physical therapy, dialysis, etc.).

**NOTE: DO NOT DISCLOSE UNDERLYING DIAGNOSIS WITHOUT CONSENT OF PATIENT**