



Section I. Graduate Student/Post-Doctoral Scholar Completes this Section

Name: _____ Patient's Name: _____

Patient's relationship to Graduate Student (check one):

- Self
 Spouse
 Child (age ____)
 Domestic Partner
 Parent
 Parent-in-law
 Grandparent
 Child of domestic partner (age ____)
 Parent of domestic partner
 Grandchild

Section II. Health Care Provider Completes this Section

The above Graduate Student/Post-Doctoral Scholar has requested medical leave. In order to verify the Student's/Scholar's entitlement, please complete and return this form to either the Student/Scholar or directly to the OSU Office of Human Resources. *Note: To comply with the Genetic Information Nondiscrimination Act of 2008 (GINA), we ask that you do not provide any genetic information when responding to this request for medical information.*

Health Condition

1. Please indicate all categories applicable to the patient's health condition (descriptions are provided on page two):

- Requires overnight hospital care, hospice, or treatment at a residential care facility
 Requires absence of more than three consecutive days, plus treatment
 Pregnancy disability or prenatal care
 Permanent or long-term condition requiring supervision
 Chronic condition requiring treatment
 Requires multiple treatments for a non-chronic condition
 None of the above

2. Date the condition commenced: _____
 3. Dates you treated the patient for the condition: _____
 4. Probable Duration of Condition: (from) _____ (to) _____
 5. Relevant medical facts: _____

I certify that the information provided by me is true and accurate.

 Signature of Health Care Provider Date

 Print Name of Health Care Provider Provider's Field of Practice

 Provider's Address Provider's Telephone Number

Family & Medical Leave Definitions

For purposes of leave under the Graduate Assistant Family Medical Leave Policy, Family & Medical Leave Policy for Graduate Students, or Post-Doctoral Family Medical Leave Policy, a **serious health condition** means an illness, injury, impairment, or physical or mental condition that involves **one** of the following:

Note: Incapacity for purposes of the above policies is defined to mean inability to work, attend school, or perform other regular daily activities due to the serious health condition, treatment therefore, or recovery there from.

1. **Inpatient Care:** An overnight stay in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care.
2. **Absence Plus Treatment:** A period of incapacity of **more than three consecutive calendar days** (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:
 - a) **Treatment two or more times** by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services (e.g. physical therapist) under orders of, or on referral by, a health care provider; or
 - b) **Treatment** by a health care provider on **at least one occasion** which results in a **regimen of continuing treatment** under the supervision of the health care provider.
Treatment includes examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does not include routine physical examinations, eye or dental examinations.
3. **Pregnancy:** Any period of incapacity due to pregnancy or for prenatal care.
4. **Chronic Conditions Requiring Treatments:** A chronic condition is one which:
 - a) Requires **periodic visits** for treatment by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider;
 - b) Continues over an **extended period of time** (including recurring episodes of a single underlying condition); and
 - c) May cause **episodic** rather than a continuing period of incapacity (e.g. asthma, diabetes, epilepsy, etc.).
5. **Permanent/Long Term Conditions Requiring Supervision:** A period of **incapacity** which is **permanent or long-term** due to a condition for which treatment may not be effective. The employee or family member must be under the **continuing supervision of, but does not need to be receiving active treatment by, a health care provider.** (e.g. Alzheimer's, severe stroke, or terminal stages of a disease)
6. **Multiple Treatments (Non-Chronic Conditions):** Any period of absence to receive **multiple treatments** (including any period of recovery there from) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for:
 - a) **Restorative surgery** after an accident or other injury; or
 - b) A condition that would likely result in a **period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment**, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), or kidney disease (dialysis).