

# Leave of Absence Medical Certification Form

**Instructions to the Employee:** Please have your treating healthcare provider complete this form. This medical certification is required to support your request for a medical leave of absence. Once completed, please print and return this form to your Human Resources department.

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## Part I: Employee Information

Employee Full Name:	<input type="text"/>
Employee ID Number:	<input type="text"/>
Job Title / Position:	<input type="text"/>
Department:	<input type="text"/>
Patient Name (if other than employee):	<input type="text"/>
Relationship to Employee:	<input type="text"/>

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## Part II: Medical Provider Information

Medical Provider Name:	<input type="text"/>
Medical Specialty / Title:	<input type="text"/>
Clinic / Hospital Name:	<input type="text"/>
Business Address:	<input type="text"/>
Telephone Number:	<input type="text"/>
Fax Number:	<input type="text"/>

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## Part III: Medical Certification

Please provide the clinical details regarding the patient's medical condition below.

Date condition commenced:	<input type="text" value="MM/DD/YYYY"/>
Probable duration of medical condition:	<input type="text"/>
Recommended leave start date:	<input type="text" value="MM/DD/YYYY"/>
Estimated return to work date:	<input type="text" value="MM/DD/YYYY"/>

Describe the medical facts supporting the necessity for a leave of absence (e.g., symptoms, diagnosis, prescribed treatment plan):

Is the employee unable to perform any of their essential job functions? (If yes, describe limitations):

Is intermittent leave or a reduced schedule medically necessary? (If yes, describe frequency and schedule):

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## Part IV: Authorization & Signatures

I hereby certify that the information provided on this form is true, accurate, and complete to the best of my clinical knowledge.

Healthcare Provider Signature:	<input type="text" value="Sign here after printing"/>	Date:	<input type="text" value="MM/DD/YYYY"/>
Employee Signature:	<input type="text" value="Sign here after printing"/>	Date:	<input type="text" value="MM/DD/YYYY"/>