MISSISSIPPI STATE UNIVERSITY

Medical Certification for Major Medical Leave or Family and Medical Leave, Medical Leave of Absence, Excuse/Release to Work

An employee must complete the Medical Certification Form and attach it to the Application for Leave when an absence due to illness of the employee or family member and is 32 hours or greater and/or an employee requests Family and Medical Leave or a Medical Leave of Absence. A doctor or health care provider must complete and sign Section B. Please refer to HRM Policies on the web at http://www.hrm.msstate.edu/ (definitions are included). An employee must complete Section A and a doctor or health care provider must complete and sign Section B when the absence is due to injury or illness. Note: Some health care providers may charge to complete this form.

EMPLOYEE COMPLETES SECTION A

Employee Name	Family Member's Name (if leave is not for employee)	Relationship to the Employee

MSU ID Number	MSU Department Name and Address

Date(s) leave is requested (give beginning and ending dates)	Describe the medical situation requiring your absence from work.
Employee Signature/Date	

DOCTOR/HEALTH CARE PROVIDER COMPLETES SECTION B

Dates that that the medical certification is/will be in affect:_____

Check One: ☐ Excuse/Release to Work ☐ Medical Certification

1. For FMLA Eligibility: Please check any of the following that pertains to the employee or the employee's family member:

a. ☐ Incapacity of More Than Three Calender days- this period of incapacity involves:
- ☐ Treatment two or more times by a health care provider,
- ☐ Treatment by a health care provider on a least one occasion with prescribed medication; and/or
- ☐ Treatment by a health care provider on a least one occasion with results in a regimen of continuing treatment (including prescriptions)

b. ☐ Pregnancy- Any period of incapacity due to pregnancy or for prenatal care

c. ☐ Hospital Care- Inpatient (i.e an overnight stay) in a hospital, hospice, or residential medical care facility

d. ☐ Intermittent Incapacity / Chronic Conditions Requiring at Least Two Treatments Per Year
- ☐ May cause episodic rather than continuing periods of incapacity (i.e migraine headaches or diabetes)

e. ☐ Permanent / Long term Conditions Requiring at Supervision (i.e. Alzheimer's, severe stroke, terminal illness)

f. ☐ Multiple Treatments / Non Chronic Conditions (i.e physical therapy for severe arthritis)

g. ☐ None of the above

2. Amount of Leave Needed: Please check box(s) that apply to the employee or employee's family member's medical condition.

Check One: ☐ Employee **may return to work without restrictions** on (date) _____

☐ Employee is totally **unable to return to work at this time**. Patient will be evaluated on (date) _____

☐ The Employee **may return to work, but may miss work intermittently**. Estimate the frequency of flare-ups and the duration of related incapacity the patient may have (e.g 1 episode/appointment every 3 months lasting 1-2 days):

Frequency: _____ times per ☐ week ☐ month **Duration**: _____ ☐ hour(s) or ☐ day(s) per episode.

☐ Employee **may return to work, but may miss work for follow up doctor's appointments** every:

Frequency: _____ times per ☐ week ☐ month **Duration**: _____ ☐ hour(s) or ☐ day(s) per episode.

☐ Employee **may return to work with restrictions.**

☐ A part time or reduced work schedule is needed at _____hours per day, _____days per week from _____to_____

☐ The following restrictions are recommended:

DEGREE	LIMITATIONS
☐ **Sedentary Work**. Lifting 10 pounds maximum and occasionally and/or carrying such articles as ledgers and small tools. Although sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.	1. In an 8-hour work day, patient may: a. Stand/Walk ☐ None ☐ 1-4 Hours ☐ 4-6 Hours ☐ 6-8 Hours b. Sit ☐ 1-3 Hours ☐ 3-5 Hours ☐ 5-8 Hours c. Drive ☐ None ☐ 1-3 Hours ☐ 3-5 Hours ☐ 5-8 Hours
☐ **Light Work.** Lifting 20 pounds maximum with frequent lifting and/ carrying of objects weighing up to 10 pounds. Even though the weight lifted may be only a negligible amount, a job is in this category when requires walking or standing to a significant degree or when it involves sitting most of the time with a degree of pushing and pulling of arm leg controls.	2. Patient may use hands for repetitive: ☐ Fine Manipulation ☐ Pushing and Pulling ☐ Single Grasping
☐ **Medium Work**. Lifting 50 pounds maximum with frequent lifting carrying of objects weighing up to 25 pounds.	3. Patient may use feet for repetitive movement as in operating foot controls. ☐ Yes ☐ No
☐ **Heavy Work**. Lifting 100 pounds maximum with frequent lifting and/ carrying of objects weighing up to 50 pounds.	4. Patient is able to: Frequently / Occasionally / Not At All a. Bend ☐ ☐ ☐ b. Squat ☐ ☐ ☐ c. Climb ☐ ☐ ☐
☐ **Very Heavy Work**. Lifting objects in excess of 100 pounds with lifting and/or carrying of objects weighing 50 pounds or more.	

These restrictions are in effect until (date) _____or until the patient is reevaluated on (date)_____.

Signature of Doctor/Health Care Provider Date

Printed Name and Address of Doctor/Health Care Provider Above Phone Number

Reset Form

Rev 9/2013