



**TEXARKANA ISD**  
**CERTIFICATION OF HEALTH CARE PROVIDER FOR EMPLOYEE'S SERIOUS HEALTH CONDITION**  
**(FAMILY AND MEDICAL LEAVE ACT)**

---

3. Use the information provided by the employer in Section III to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions.

Is the employee unable to perform any of his/her job functions due to the condition?  Yes  No

If so, identify the job functions the employee is unable to perform: \_\_\_\_\_

\_\_\_\_\_

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Part B: AMOUNT OF LEAVE NEEDED**

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery?  Yes  No

If so, estimate the beginning and ending dates for the period of incapacity: \_\_\_\_\_

\_\_\_\_\_

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition?  Yes  No

If so, are the treatments or the reduced number of hours of work medically necessary?  Yes  No

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period: \_\_\_\_\_

\_\_\_\_\_

Estimate the part-time or reduced work schedule the employee needs, if any:

\_\_\_\_\_ hour(s) per day; \_\_\_\_\_ days per week from \_\_\_\_\_ through \_\_\_\_\_

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions?  Yes  No

Is it medically necessary for the employee to be absent from work during the flare-ups?  Yes  No

**TEXARKANA ISD**  
**CERTIFICATION OF HEALTH CARE PROVIDER FOR EMPLOYEE'S SERIOUS HEALTH CONDITION**  
**(FAMILY AND MEDICAL LEAVE ACT)**

---

If yes, explain: \_\_\_\_\_

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days).

**Frequency:** \_\_\_\_\_ times per \_\_\_\_\_ week(s) \_\_\_\_\_ month(s)

**Duration:** \_\_\_\_\_ hours or \_\_\_\_\_ day(s) per episode

**ADDITIONAL INFORMATION: Identify Question Number**

---

---

---

---

---

---

---

|  |                   |
|--|-------------------|
| <hr/> <b>Signature of Health Care Provider</b> | <hr/> <b>Date</b> |
|--|-------------------|

**Section III: For Completion by the EMPLOYER**

**INSTRUCTIONS to the EMPLOYER:** The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medication certifications, re-certifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14 (c) (1), if the Americans with Disabilities Act applies.

Employer Name and Contact: **Texarkana Independent School District**  
**4241 Summerhill Road**  
**Texarkana, TX 75503**

Employee's Job Title: \_\_\_\_\_ Regular Work Schedule: \_\_\_\_\_

Employee's Essential Job Functions: \_\_\_\_\_

---