

**CERTIFICATION OF HEALTH CARE PROVIDER – SHARED LEAVE PROGRAM
FOR EMPLOYEE’S SERIOUS HEALTH CONDITION**

NOTE: IF APPLYING FOR FMLA OR MEDICAL LEAVE, ADDITIONAL FORMS ARE REQUIRED

SECTION I: FOR COMPLETION BY EMPLOYER | UNIVERSITY OF MISSOURI SYSTEM

Employee's Name:

Employee's ID Number:

Department:

Supervisor Name:

SECTION II: FOR COMPLETION BY LICENSED HEALTH CARE PROVIDER

Your patient has requested leave for a catastrophic event. **Please note that we are defining a catastrophic event as “a major illness, injury or medical condition which is life threatening, terminal or likely to result in a substantial permanent disability as certified in writing by a health provider”.** Based on the definition of catastrophic event, answer, fully and completely, all applicable parts. Your answers should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Limit your responses to the condition for which the employee is seeking leave. Please be sure to sign the form on the last page.

Provider’s Name and Business Address:

Type of Practice / Medical Specialty:

Office Telephone:

Office Fax:

PART A | MEDICAL FACTS

Is the employee identified above experiencing a major illness, injury, or medical condition that meets one of the following descriptions:

1. Is this a life threatening condition? Yes No _____ Licensed Provider Initials
2. Is this a terminal condition? Yes No _____ Licensed Provider Initials
3. Is this likely to result in a permanent disability? Yes No _____ Licensed Provider Initials

PART B | AMOUNT OF LEAVE NEEDED

If you answered yes to one of the items in Part A, please provide your estimate of the period for which the major illness, injury, or medical condition will require the employee’s absence from work. :

Begin:

End:

By signing below, I certify that I, and no one else, has completed this certification and all information provided is true and correct to the best of my knowledge.

Signature of Health Care Provider

Date:

Printed Name of Health Care Provider and Degree Level (MD, DO, FNP, etc.)