

Physician or Practitioner Certification For Family or Medical Leave

Personal information you provide may be used for secondary purposes. See Section 15.04 (1) (m), Wisconsin Statutes for details.

Dear Physician or Practitioner:

To assist in establishing leave entitlements under Wisconsin's Family and Medical Leave Law (Section 103.10, Wisconsin Statutes) please answer the questions checked below and return this certification to Employer.

Employer Information

Employer Name	Germantown School District						
Street Address	N104W13840 Donges Bay Road	City	Germantown	State	WI	Zip Code	53022

Employee/Patient Name

Employee Name	Patient Name (if not employee)
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Information Requested (Employer, please check the appropriate box (es) below identifying the information you need from the physician or practitioner.)

<input type="checkbox"/> Does _____ have a serious health condition? Yes No (patient name)
Note: Wisconsin's Family and Medical Leave Law (Section 103.10 Wisconsin Statutes) defines a serious health condition as a disabling physical or mental illness, injury, impairment or condition involving either inpatient care in a hospital, or outpatient care that requires continuing treatment or supervision by a health care provider.
<input type="checkbox"/> What date did the condition begin?
<input type="checkbox"/> What is the probable duration of the condition?
<input type="checkbox"/> Specify medical facts regarding the serious health condition (diagnosis not required). _____ _____ _____
<input type="checkbox"/> Please indicate the extent to which the employee is unable to perform his or her employment duties. _____

Physician/Practitioner Information

Physician/Practitioner Name (Please Print)	
Physician's Signature	Date Signed

Note to Employer: this information should be retained in a confidential medical file.