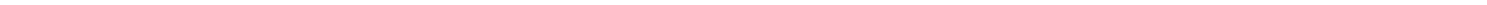




**HEALTH CARE PROVIDER
CERTIFICATION FOR EMPLOYEE OR
FAMILY MEMBER**





**HEALTH CARE PROVIDER
CERTIFICATION FOR EMPLOYEE OR
FAMILY MEMBER**

**If patient is EMPLOYEE
please answer questions.**

**If patient is FAMILY MEMBER
please answer questions.**

4A.

SERIOUS HEALTH CONDITION



ABSENCE PLUS TREATMENT

~ • %o œ]] } (]v %o]šÇ } (u}œ šZ v šZœ }v• μÿÀ o v œ Ç• ~]v

PERMANENT/LONG-TERM CONDITIONS REQUIRING SUPERVISION

%o œ]] } (]v %o]šÇ ÁZ] Z]• %o œu v v š}œ o}vPrš œu μ š} v]ÿ}v (u%o o}Ç }œ (u]oÇ u u œ uμ•š μv œ šZ }vÿvμ]vP •μ%o œÀ]•]}v }(U μ Z o šZ œ %o œ}À] œX Æ u%o •]v oμ oìZ]u œ[•U • À œ •šœ}I U }

MULTIPLE TREATMENTS (NON-CHRONIC CONDITIONS)

vÇ %o œ]] } (• v š}œ]À uμoÿ%o šœ šu v š• ~]v oμ]vP vÇ %o œ]] %o œ}À] œ }œ Ç %o œ}À] œ } (Z o šZ œ • œÀ] • μv œ }œ œ• }(U }œ œ• š}œ ÿÀ •μœP œÇ L œ v] v š}œ }šZ œ]vμœÇU }œ (}œ }v]ÿ}v }(u}œ šZ v šZœ }v• μÿÀ o v œ Ç•]v šZ • v }(u] o]v š œÀ ~ Z u}šZ œ %o ÇU œ] ÿ}vU š X•U • À œ œ šZœ]ÿ• ~%o ZÇ•] o šZ œ %o Ç•U