

Physician or Practitioner Certification For Family or Medical Leave

Do not return form to the Equal Rights Division (ERD); information provided to ERD may be subject to open records requests.

Dear Physician or Practitioner:

To assist in establishing leave entitlements under the Wisconsin Family and Medical Leave Act (Section 103.10, Wisconsin Statutes) please answer the questions checked below and return this certification form to the employer listed below.

Employer Information

Employer Name			
Street Address	City	State	Zip Code

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.)

Does Enter Patient Name Here have a serious health condition? Yes No

Note: The Wisconsin Family and Medical Leave Act (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.

What date did the condition begin?

What is the probable duration of the condition?

Briefly describe the serious health condition (an exact diagnosis is not required).

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)	
Signature of Physician/Practitioner	Date Signed

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