Replace this text with company name or delete to leave blank

# Certification of Health Care Provider for Pregnancy Disability Leave, Transfer And/Or Reasonable Accommodation

Employee's Name: _____

Please certify that, because of this patient's pregnancy, childbirth, or a related medical condition (including, but not limited to, recovery from pregnancy, childbirth, loss or end of pregnancy, or post-partum depression), this patient needs (check all appropriate category boxes):

☐ TIME OFF FOR MEDICAL APPOINTMENTS

When _____ Duration _____

☐ DISABILITY LEAVE

[Because of a patient's pregnancy, childbirth or a related medical condition, patient cannot perform one or more of the essential functions of patient's job or cannot perform any of these functions without undue risk to self, to successful completion of the pregnancy, or to other persons.]

Beginning (Estimate): _____

Ending (Estimate): _____

☐ INTERMITTENT LEAVE

Specify the medically advisable intermittent leave schedule:

_____

_____

Beginning (Estimate): _____

Ending (Estimate): _____

☐ REDUCED WORK SCHEDULE

[Specify the medically advisable reduced work schedule.]

_____

_____

Beginning (Estimate): _____

Ending (Estimate): _____

# Certification of Health Care Provider for Pregnancy Disability Leave, Transfer And/Or Reasonable Accommodation

☐ TRANSFER/BE ASSIGNED TO A LESS STRENUOUS OR HAZARDOUS POSITION OR DUTIES [specify the medically advisable position/duties].

_____

_____

Beginning (Estimate): _____

Ending (Estimate): _____

☐ REASONABLE ACCOMMODATION(S)

[Specify medically advisable needed accommodation(s). Can include, but are not limited to, modifying lifting requirements, providing more frequent breaks or providing a stool or chair.]

_____

_____

Beginning (Estimate): _____

Ending (Estimate): _____

_____

**Health Care Provider Name**

_____

**License Number**

_____

**Medical/Health Care Specialty**

Signature of health care provider:

_____ _____

Signature of Health Care Provider Date

Authority Cited: Government Code sections 12935, subd. (a), and 12945.

Reference: Government Code sections 12940, 12945; FMLA, 29 U.S.C. §2601, et seq. and FMLA regulations, 29 C.F.R. § 825.