University of North Carolina Wilmington

Medical Certification FMLA
(Family Member Illness)

Name of Employee: _____

Name of Patient: _____

Relationship of Patient to Employee: _____

Describe medical condition: _____

_____

Is inpatient hospitalization required? _____Yes _____No

Does Family member require assistance for basic medical, hygiene, nutritional needs, safety or transportation? _____Yes _____No

Is the employee's presence necessary or would it be beneficial for the care of the patient? _____Yes _____No
(This may include psychological comfort.)

Estimate the period of time care is needed or the employee's presence would be beneficial:

From: _____ To:_____

Or

Approximate period of time: _____(e.g.:wks, mos)

_____

Physician's Signature: _____ Date:_____

Printed Name of Physician: _____

Address of Physician: _____

_____

_____

Phone Number:_____

Fax Number: _____