County of Marin

Family Member Serious Health Condition - Physician or Practitioner Certification Form

Human Resources Department

PMR 44 – Leaves of Absence

1. Employee's name: _____ Department: _____
2. Patient's name (If other than employee): _____
3. Date condition commenced: _____
4. Probable duration of condition: _____
5. Regimen of treatment to be prescribed (Indicate number of visits and duration of treatment, including referral to their provider of health services. Include schedule of visits or treatment if it is medically necessary for the employee to be off work on an intermittent basis or to work less than the employee's normal schedule of hours per day or days per week):

   A. By physician or practitioner:

   B. By other provider of health services, if referred by physician or practitioner:

Check Yes or No in the space below, as appropriate.

6. ○ Yes ○ No Is inpatient hospitalization of the family member (patient) required?
7. ○ Yes ○ No Does (or will) the patient require assistance for basic medical, hygiene, nutritional needs, safety or transportation?
8. ○ Yes ○ No After review of the employee's signed statement (See Item 10 below), is the employee's presence necessary or would it be beneficial for the care of the patient? (This may include psychological comfort.)

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

Item 10 to be completed by employee requesting Family Leave.

10. When Family Leave is needed to care for a seriously ill family member, the employee shall state the care he or she will provide and an estimate of the time period during which this care will be provided, including a schedule if leave is to be taken intermittently or on a reduced leave schedule:

11. Signature of employee: _____ Date:

12. Signature of family member: _____ Date:

13. Physician name: Date:

Signature of physician or practitioner: _____

Address :

Type of practice (field of specialization, if any):

Please return this form to:

County of Marin
Human Resources Department
3501 Civic Center Drive, Room 403
San Rafael, CA 94903-4177
(415) 499-6104
Fax (415) 499-6108