

**CERTIFICATION OF HEALTH CARE PROVIDER
FOR MILITARY CAREGIVER LEAVE – VETERAN**
(FAMILY AND MEDICAL LEAVE – AM-203-2-6)



Section I: To be Completed by the Employee

Employee's Full Name _____ Job Title _____

Agency/Bureau/Division _____

Regular Work Schedule _____

Phone _____ Email _____

Name of veteran for whom care will be provided _____

The veteran is the employee's:

- Parent Spouse Child Next of kin (specify): _____

Date of the veteran's discharge from military _____

Military branch, rank and unit at time of discharge _____

Was the veteran **dishonorably** discharged or released from the Armed Forces, the National Guard or Reserves?
..... Yes No

Is the veteran receiving medical treatment, recuperation or therapy for an injury or illness? Yes No

Describe the care you will provide to the veteran and estimate the amount of leave necessary to provide such care:

I affirm that, to the best of my knowledge, the above information contains no false or misleading statements.

Employee Signature _____ Date _____

(Form continues)

Section II: To Be Completed by the Health Care Provider

The employee named in Section I has requested leave under the *Family and Medical Leave Act* (FMLA) to care for a seriously ill or injured family member who is a veteran. A serious injury or illness means one that is incurred in the line of duty while on active duty in the Armed Forces (or a preexisting condition that was aggravated while on active duty).

In order for the leave request to be approved, the employee must provide a complete and sufficient certification. Please answer the questions in this certification form fully and completely. Make sure to sign the last page. Several questions ask you to describe the frequency or duration of a condition, treatment, etc. You should provide your best estimate, based upon your medical knowledge, experience and examination of the patient. Please be as specific as you can—terms such as “lifetime,” “unknown,” or “indeterminate” may not be sufficient to determine FMLA coverage. Limit your responses to the veteran’s condition for which the employee is seeking leave.

Health Care Provider’s Name

Name of Practice/Health Care Facility

Business Address

Type of Practice/Specialty

Phone

Fax

Indicate whether the provider is:

- DOD health care provider
- VA health care provider
- DOD TRICARE network authorized private health care provider
- DOD non-network TRICARE authorized private health care provider

Section II, Part A: Medical Status

If you are unable to make certain military-related determinations contained in this Part, you may rely upon determinations from an authorized DOD representative (such as a DOD recovery care coordinator) or an authorized VA representative.

The veteran’s medical condition is:

- A continuation of a serious injury or illness that was incurred or aggravated when the veteran was a member of the Armed Forces and rendered the veteran unable to perform the duties of the his/her office, grade, rank or rating.
- A physical or mental condition for which the veteran has received a U.S. Department of Veterans Affairs Service Related Disability Rating (VASRD) of 50% or higher and such VASRD rating is based, in whole or in part, on the condition precipitating the need for military caregiver leave.
- A physical or mental condition that substantially impairs the covered veteran’s ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service or would do so absent treatment.
- An injury, including a psychological injury, on the basis of which the veteran is enrolled in the Department of Veterans’ Affairs Program of Comprehensive Assistance for Family Caregivers.

Is the veteran being treated for a condition that was incurred or aggravated by service in the line of duty while on active

Approximate Date Condition Commenced

Probable Duration of Condition and/or Need for Care

Is the covered veteran undergoing medical treatment, recuperation or therapy for this condition? Yes No

If yes, describe medical treatment, recuperation or therapy:

Section II, Part B: Veteran's Need for Care by Family Member

The term "care" refers to both physical and psychological care. It includes situations where, for example, the veteran is unable to care for his or her own basic medical, hygienic or nutritional needs or safety or is unable to transport him or herself to the doctor. It also includes providing psychological comfort and reassurance that would be beneficial to the veteran who is receiving inpatient or home care.

Will the veteran need care for a single, continuous period of time due to his/her condition, including any time for treatment and recovery? Yes No

If yes, estimate the beginning and ending dates for the period of time:

 Beginning Date

 Ending Date

Will the veteran require periodic follow-up treatment or appointments? Yes No

If yes, estimate the treatment schedule, including the dates or frequency of any scheduled appointments and the time required for each appointment, including any recovery period:

Is there a medical necessity for the veteran to have care for these periodic follow-ups? Yes No

Is there a medical necessity for the veteran to have periodic care for other-than-scheduled follow-up treatment or appointments? Yes No

(e.g. episodic flare-ups of medical condition)

If yes, estimate the frequency and duration of periodic care:

Section III: Health Care Provider Verification

Signature of Health Care Provider

Date