Medical Certification

Paid Family & Medical Leave

STEP 1:

Select the right form

Use this form when you're applying for paid **medical leave** for your own serious health condition.

Forms for other types of paid leave are found in our Help Center at paidleave.wa.gov/help-center

STEP 2:

Fill out the form

The person applying for leave completes the first section, and their healthcare provider completes and signs the certification. Healthcare provider instructions are included in this packet.

Forms signed by a healthcare provider more than 90 days prior to your application date will not be accepted. If the condition is chronic, you will need new certification every 12 months.

Can someone else complete this form for me?

- You may authorize another individual to act on your behalf for the purposes of Paid Family and Medical Leave benefits by having them complete a Designated Authorized Representative form. Your authorized representative cannot substitute for a healthcare provider completing section two.
- Contact us at 833-717-2273 to request a copy of the Designated Authorized Representative form.

STEP 3:

Upload your completed form

Upload this form through your Paid Leave benefit account or include it with your paper application.

Questions?

If you have any questions, please contact us at 833-717-2273 or paidleave@esd.wa.gov.

Washington
Paid Family & Medical Leave

Instructions for **Healthcare Providers**

Paid Leave medical certification forms are used to certify a serious health condition to qualify for Paid Family and Medical Leave. Your patient may be applying due to their own serious health condition, their pregnancy, or to care for a family member with a serious health condition. Our Certification of Birth form can be used for the first six weeks of medical leave to recover from giving birth and for family leave to bond with a new baby.

"Healthcare Provider" is defined by law in RCW 50A.05.010 and WAC 192-500-090.

SERIOUS HEALTH CONDITION

A serious health condition is defined in RCW 50A.05.010. Generally, a serious health condition could include an illness, injury, impairment, or physical or mental condition that involves:

- **Inpatient care in a hospital, hospice, or residential medical care facility, including any period of incapacity; or**
- **Continuing treatment by a healthcare provider including any of the following:**
  - **Incapacity:** A period of incapacity of more than three consecutive days and subsequent treatment or period of incapacity relating to the same condition. Incapacity means an inability to work, attend school, or perform other regular daily activities because of a serious health condition, treatment of that condition or recovery from it, or subsequent treatment.
  - **Pregnancy**: Any period of incapacity due to pregnancy, or for prenatal care.
  - **Chronic conditions:** Any period of incapacity or treatment for such incapacity due to a chronic serious health condition. A chronic serious health condition is one which:
    - » Requires periodic visits to a health care provider;
    - » Continues over an extended period of time, including recurring episodes of a single underlying condition; and
    - » May cause episodic rather than a continuing period of incapacity, including asthma, diabetes, and epilepsy.
  - **Permanent/Long-term**: A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider, including:
    - » Alzheimer's, a severe stroke, or the terminal stages of a disease; or
    - » Multiple treatments: Any period of absence to receive multiple treatments, including any period of recovery from the treatments.
    - » Substance abuse may be a serious health condition if the treatment meets other requirements in this definition.

FREQUENTLY ASKED QUESTIONS

Visit paidleave.wa.gov/help-center and click on Healthcare Providers.

Questions?

If you have any questions, please contact us at 833-717-2273 or paidleave@esd.wa.gov.

Washington **Paid Family & Medical Leave**

Medical Certification
Serious Health Condition

Washington
Paid Family & Medical Leave
Employment Security Department

Use this form for:

- **Medical leave due to your own serious health condition**

Patient information

Complete the patient information section, then have your healthcare provider complete and sign the certification.

Patient's name:	
Patient's date of birth: ____ / ____ / ____	**Paid Leave Customer ID number** *(if known)*:

Healthcare provider's certification

To be completed and signed by an authorized healthcare provider.

- All sections are required unless otherwise noted. Incomplete forms may delay your patient's eligibility for benefits.

Briefly describe the serious health condition. Your answers should be your best estimate based on your medical knowledge, experience, and examination of the patient.

Provide the start and end dates for the leave needed due to the serious health condition described above.
Give specific dates. Terms such as "unknown" or "indeterminate" won't be sufficient to determine Paid Leave eligibility.

Start date: ____ / ____ / ____ **End date:** ____ / ____ / ____

Healthcare provider's information and signature

I declare under penalty of perjury that the information provided in this form is true and correct, that the patient's condition meets the definition of "serious health condition," and that I am a healthcare provider authorized to certify their condition (RCW 50A.05.010; WAC 192-500-090).

Signature:	**Date:** ____ / ____ / ____
Name and title:	
Certificate license number and state *(optional)*:	**Type of practice/Specialty:**
Phone:	**Email address:**
Business name and address:	

Upload completed form to your Paid Leave account.

If you do not have an account, include the form with your benefit application or fax to 833-535-2273.