Medical Certification

Paid Family & Medical Leave

ໃບຢັ້ງຢືນທາງການແພດ

ການລາພັກກ່ຽວຄອບຄົວ ແລະ ທາງການແພດທີ່ມີຄ່າຈ້າງ

STEP 1: Select the right form

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

ຂັ້ນຕອນ 1: ເລືອກແບບຟອມທີ່ຖືກຕ້ອງ

ໃຊ້ແບບຟອມນີ້ເມື່ອທ່ານຮ້ອງຂໍ ການລາພັກ ທາງການແພດ ທີ່ມີຄ່າຈ້າງສຳລັບເຄື່ອງໄຂດ້ານສຸຂະພາບທີ່ຮ້າຍແຮງຂອງທ່ານເອງ.

STEP 2: Fill out the form

You complete required fields (*) in **SECTION 1: Patient information**.

Your health care provider completes SECTION 2: Health care provider certification. Health care provider instructions are included in this packet.

ຂັ້ນຕອນ 2: ຕື່ມແບບຟອມ

ທ່ານຕ້ອງຕື່ມຂໍ້ມູນໃສ່ຊ່ອງທີ່ຈຳເປັນຕ້ອງຕື່ມ (*) ໃນພາກທິ 1: ຂໍ້ມູນຄົນເຈັບ ຜູ້ໃຫ້ບໍລິການດ້ານສຸຂະພາບ ໃຫ້ຕື່ມໃນ ພາກທິ 2: ໃບຢັ້ງຢືນຂອງຜູ້ໃຫ້ບໍລິການດ້ານສຸຂະພາບ. ຄຳແນະນຳຂອງຜູ້ໃຫ້ບໍລິການດ້ານສຸຂະພາບແມ່ນລວມຢູ່ໃນ ຊຸດນີ້ແລ້ວ.

STEP 3: Upload your completed form

Upload your completed form in your Paid Leave account or fax to 833-535-2273.

ຂັ້ນຕອນ 3: ອັບໂຫຼດແບບຟອມທີ່ຕື່ມແລ້ວຂອງທ່ານ

ອັບໂຫຼດແບບຟອມທີ່ຕື່ມແລ້ວຂອງທ່ານໃສໃບບັນຊີ ລາພັກທີ່ໄດ້ຄ່າຈ້າງ ຫຼື ຕິດຕໍ່ທາງເບີ 833-535-2273.

Washington
Paid Family & Medical Leave

Instructions for Health Care Providers

"Health care provider" is defined by law in RCW 50A.05.010 and WAC 192-500-090.

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.

What to do when you receive a form: Fill out Section 2. Within 7 calendar days of receipt, return the form to your patient (they will share it with us). You cannot charge a fee for completing the form.

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 health care 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.

FOR MORE INFORMATION:

Visit paidleave.wa.gov/healthcare-providers.

Medical Certification - Serious Health Condition
ໃບຢັ້ງຢືນການລາພັກກິດຈອບຄົວ - ບັນຫາສຸຂະພາບຂັ້ນຮ້າຍແຮງ

Washington Paid Family & Medical Leave
Employment Security Department

Use this form when taking medical leave for your own serious health condition.	ໃຊ້ແບບຟອມນີ້ເມື່ອທ່ານຮ້ອງຂໍ ການລາພັກທາງການແພດ ທີ່ມີຄ່າຈ້າງ ສຳລັບບັນຫາດ້ານສຸຂະພາບຂັ້ນຮ້າຍແຮງຂອງທ່ານ.

SECTION 1: Patient information | ພາກທີ 1: ຂໍ້ມູນຄົນເຈັບ

Patient's name* | ຊື່ຂອງຄົນເຈັບ*:

Date of birth (MM/DD/YYYY)* | ວັນເດືອນປີເກີດ (MM/DD/YYYY)*: ____/ ____/ ____	**Paid Leave Customer ID | ID ລູກຄ້າການລາພັກທີ່ໄດ້ຄ່າຈ້າງ:**

SECTION 2: Health care provider certification | ພາກທີ 2: ໃບຢັ້ງຢືນຂອງຜູ້ໃຫ້ບໍລິການດ້ານສຸຂະພາບ

To be completed and signed by an authorized health care provider.

- Complete all required fields (*). 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 (MM/DD/YYYY)* : ____ / ____ / ____   **End date** (MM/DD/YYYY)* : ____ / ____ / ____

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

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

The Employment Security Department is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Language assistance services for limited English proficient individuals are available free of charge. Washington Relay Service: 711