

# Pregnancy & Birth Certifications

## Paid Family & Medical Leave

### STEP 1: Select the right form

This packet has forms for each stage of pregnancy and birth. Select the form for your circumstances. You'll need to submit an application and documentation for each type of leave you need.

#### Pregnancy

- Use the **Prenatal Care Medical Certification** form for applying for medical leave for medical care during your pregnancy.

#### Recovering from birth

- Use the **Certification of Birth** form for the first six weeks of medical leave to recover from giving birth. This form can be used for both medical leave to recover from birth and for family leave to bond with your baby.
- Use the **Medical Certification for Birth Complications** form when you need medical leave for more than six weeks to recover from birth.

#### Bonding with your new baby

Both parents can use the **Certification of Birth** form for family leave to bond with a child born into your family. Note, bonding leave requires a separate application.

### STEP 2: Fill out the form

You complete required fields (\*) in SECTION 1, and your health care provider completes SECTION 2. Health care provider instructions are included in this packet.

### STEP 3: Upload your completed form

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

# Mga Sertipikasyon ng Pagbubuntis at Panganganak

## Bayad na Pampamilya at Medikal na Bakasyon

### HAKBANG 1: Piliin ang tamang form

Ang packet na ito ay may mga form para sa bawat yugto ng pagbubuntis at panganganak. Piliin ang form para sa iyong mga sitwasyon. Kakailanganin mong magsumite ng aplikasyon at dokumentasyon para sa bawat uri ng leave na kailangan mo.

#### Pagbubuntis

- Gamitin ang form na **Sertipikasyong Medikal ng Pangangalaga sa panahon ng Pagbubuntis** para sa pag-apply para sa medikal na bakasyon para sa medikal na pangangalaga sa panahon ng iyong pagbubuntis.

#### Pagpapagaling mula sa panganganak

- Gamitin ang form ng **Sertipikasyon ng Kapanganakan** para sa unang anim na linggo ng medikal na bakasyon upang makabawi mula sa panganganak. Magagamit ang form na ito para sa medikal na bakasyon para magpapagaling mula sa panganganak at para sa pampamilyang bakasyon para makasama ang iyong sanggol.
- Gamitin ang form na **Sertipikasyong Medikal para sa Mga Komplikasyon sa Pagsilang** kapag kailangan mo ng medikal na bakasyon nang higit sa anim na linggo upang makabawi mula sa kapanganakan.

#### Bonding kasama ang iyong bagong silang na sanggol

Maaaring gamitin ng parehong magulang ang form ng **Sertipikasyon ng Kapanganakan** para sa pampamilyang bakasyon para makipag-bonding sa isang bagong silang na anak sa iyong pamilya. Tandaan, na ang bakasyon para makapag-bonding ay nangangailangan ng hiwalay na aplikasyon.

### HAKBANG 2: Sagutan ang form

Kumpletuhin mo ang mga kinakailangang patlang (\*) sa SEKSYON 1, at kinukumpleto ng iyong provider ng pangangalagang pangkalusugan ang SEKSYON 2.

Ang mga tagubilin ng provider ng pangangalagang pangkalusugan ay kasama sa paketeng ito.

### HAKBANG 3: I-upload ang nasagutan mo nang form

I-upload ang iyong nakumpletong form sa iyong Paid Leave account o i-fax sa 833-535-2273.

## Questions?

If you have any questions, please contact us at 833-717-2273 or [paidleave@esd.wa.gov](mailto:paidleave@esd.wa.gov).

# 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.

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## 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.

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## FOR MORE INFORMATION:

Visit [paidleave.wa.gov/healthcare-providers](https://paidleave.wa.gov/healthcare-providers).

## Questions?

If you have any questions, please contact us at 833-717-2273 or [paidleave@esd.wa.gov](mailto:paidleave@esd.wa.gov).

# Prenatal Care Medical Certification

## Sertipikasyong Medikal ng Pangangalaga sa panahon ng Pagbubuntis

Use this form when taking medical leave for prenatal care.	Gamitin ang form na ito kapag kumukuha ng medikal na bakasyon para sa pangangalaga sa panahon ng pagbubuntis.
<b>SECTION 1: Patient information   SEKSYON 1: Impormasyon ng pasyente</b>	
Patient's name*   Pangalan ng pasyente* :	
Date of birth (MM/DD/YYYY)*   Petsa ng kapanganakan (MM/DD/YYYY)* : ___ / ___ / ___	Paid Leave Customer ID   Paid Leave Customer ID:
<b>SECTION 2: Health care provider certification   SEKSYON 2: Sertipikasyon ng provider ng pangangalagang pangkalusugan</b> <b>To be completed and signed by a health care provider for leave related to prenatal care.</b> <ul style="list-style-type: none"> <li>Complete all required fields (*). Incomplete forms may delay your patient's eligibility for benefits.</li> <li>Indicate on this form if your patient is experiencing incapacity related to pregnancy. This allows us to approve the full amount of leave they are entitled to.</li> <li>Give specific dates. Terms such as "unknown" or "indeterminate" won't be sufficient to determine Paid Leave eligibility.</li> </ul>	
<p>The patient is (check all that apply)*:</p> <p><input type="checkbox"/> <b>Pregnant and seeking leave for prenatal care.</b></p> <p><input type="checkbox"/> <b>Experiencing incapacity due to a prenatal health condition.</b> <i>Can include but is not limited to severe morning sickness, pre-eclampsia, infections, or other prenatal complications.</i></p> <p><b>Provide the start and end dates for the leave needed due to the conditions selected above*.</b>          Give specific dates. If leave is needed for the duration of the pregnancy, provide the estimated due date as the end date. Otherwise, the end date should be the estimated date the incapacity will no longer exist.</p> <p><b>Start date</b> (MM/DD/YYYY)* : ___ / ___ / ___      <b>End date</b> (MM/DD/YYYY)* : ___ / ___ / ___</p>	
<p><i>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).</i></p>	
Signature* :	Date (MM/DD/YYYY)* : ___ / ___ / ___
Name and title* :	
Certificate license number and state:	Type of practice/Specialty* :
Phone* :	Email address :
Business address* :	

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# Certification of Birth

## Sertipikasyon ng Kapanganakan

<b>Use this form when taking leave for:</b> <ul style="list-style-type: none"><li>• The first six weeks of medical leave to recover from giving birth.</li><li>• Family leave to bond with a child born into your family.</li></ul>	<b>Gamitin ang form na ito kapag kukuha ng bakasyon para sa:</b> <ul style="list-style-type: none"><li>• Ang unang anim na linggo ng medikal na bakasyon para magpaggaling mula sa panganganak.</li><li>• Pampamilyang bakasyon para makipag-bonding sa isang bagong silang na anak sa iyong pamilya.</li></ul>
<b>SECTION 1: Parents' information   SEKSYON 1: Impormasyon ng mga magulang</b>	
<b>Name of parent who gave birth*   Pangalan ng magulang na nanganak* :</b>	
<b>Date of birth (MM/DD/YYYY)*   Petsa ng kapanganakan (MM/DD/YYYY)* :</b> ___ / ___ / ___	<b>Paid Leave Customer ID   Paid Leave Customer ID:</b>
<b>Name of non-birthing parent (if taking leave)   Pangalan ng magulang na hindi manganak (kung magbabakasyon) :</b>	
<b>Date of birth (MM/DD/YYYY)*   Petsa ng kapanganakan (MM/DD/YYYY)* :</b> ___ / ___ / ___	<b>Paid Leave Customer ID   Paid Leave Customer ID:</b>
<b>SECTION 2: Certification of birth   SEKSYON 2: Sertipikasyon ng Kapanganakan</b>	
<b>To be completed and signed by a health care provider, midwife, or a representative of a healthcare facility.</b> Complete all required fields (*). Incomplete forms may delay your patient's eligibility for benefits.	
<b>Child's date of birth (MM/DD/YYYY)* : ___ / ___ / ___</b>	<b>Place of birth (city, state)* :</b>
<i>I declare under penalty of perjury that the information provided in this form is true and correct, and that I am a health care provider as defined in RCW 50A.05.010, a midwife, or a representative of a healthcare facility.</i>	
<b>Signature* :</b>	<b>Date (MM/DD/YYYY)* : ___ / ___ / ___</b>
<b>Name and title* :</b>	
<b>Type of practice/Specialty* :</b>	
<b>Phone* :</b>	<b>Email address :</b>
<b>Business address* :</b>	

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# Medical Certification for Birth Complications

## Sertipikasyong Medikal para sa Mga Komplikasyon sa Panganganak

<p><b>Use this form when taking leave to recover from giving birth for more than six weeks or if you had complications.</b> If you did not experience complications and are taking six weeks or less of leave to recover from giving birth, use the Certification of Birth form above.</p>		<p><b>Gamitin ang form na ito kapag nagbakasyon para magpagaling mula sa panganganak nang higit sa anim na linggo o kung mayroon kang mga komplikasyon.</b> Kung hindi ka nakaranas ng mga komplikasyon at mayroong anim na linggo o mas kaunting bakasyon para makabawi mula sa panganganak, gamitin ang form ng Sertipikasyon ng Kapanganakan sa itaas.</p>	
<p><b>SECTION 1: Patient information   SEKSYON 1: Impormasyon ng pasyente</b></p>			
<p><b>Patient's name*   Pangalan ng pasyente* :</b></p>			
<p><b>Date of birth (MM/DD/YYYY)*   Petsa ng kapanganakan (MM/DD/YYYY)* :</b> ___ / ___ / ___</p>		<p><b>Paid Leave Customer ID   Paid Leave Customer ID:</b></p>	
<p><b>SECTION 2: Health care provider certification   SEKSYON 2: Sertipikasyon ng provider ng pangangalagang pangkalusugan</b></p> <p><b>To be completed and signed by a health care provider <u>if more than six weeks</u> of recovery from birth is medically necessary.</b></p> <ul style="list-style-type: none"> <li>• Complete all required fields (*). Incomplete forms may delay your patient's eligibility for benefits.</li> <li>• Give specific dates. Terms such as "unknown" or "indeterminate" won't be sufficient to determine Paid Leave eligibility.</li> <li>• Answers should be your best estimate based on your medical knowledge, experience, and examination of the patient.</li> </ul>			
<p><b>Briefly describe the incapacity due to postnatal serious health condition*.</b> <i>Can include but is not limited to recovery after a cesarean delivery, infections, or other postnatal complications.</i></p>			
<p><b>Provide the start and end dates for the leave needed for the serious health condition described above*.</b> <i>Do not include bonding leave, which may be applied for separately.</i></p>			
<p><b>Start date (MM/DD/YYYY)* :</b> ___ / ___ / ___</p>		<p><b>End date (MM/DD/YYYY)* :</b> ___ / ___ / ___</p>	
<p><i>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).</i></p>			
<p><b>Signature* :</b></p>		<p><b>Date (MM/DD/YYYY)* :</b> ___ / ___ / ___</p>	
<p><b>Name and title* :</b></p>			
<p><b>Certificate license number and state:</b></p>		<p><b>Type of practice/Specialty* :</b></p>	
<p><b>Phone* :</b></p>		<p><b>Email address :</b></p>	
<p><b>Business address* :</b></p>			

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