

# 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.

# Giấy Chứng Nhận Mang Thai Và Sinh Con

## Nghỉ Phép Hưởng Lương Vì Lý Do

### Gia Đình Và Y Tế

#### BƯỚC 1: Chọn biểu mẫu phù hợp

Tập tài liệu này có các biểu mẫu cho từng giai đoạn mang thai và sinh con. Chọn biểu mẫu phù hợp với trường hợp của quý vị. Quý vị sẽ cần gửi đơn đăng ký và giấy tờ chứng minh cho từng hình thức nghỉ phép mà quý vị cần.

#### Mang thai

- Sử dụng biểu mẫu **Giấy Chứng Nhận Y Tế Chăm Sóc Tiền Sản** nếu quý vị muốn xin nghỉ phép vì lý do y tế để được chăm sóc y tế trong thời kỳ mang thai.

#### Phục hồi sau sinh

- Sử dụng biểu mẫu **Giấy Chứng Nhận Sinh Con** để xin nghỉ phép trong sáu tuần đầu tiên nhằm phục hồi sau sinh. Quý vị có thể sử dụng biểu mẫu này cho cả mục đích nghỉ phép vì lý do y tế để phục hồi sau sinh và nghỉ phép vì lý do gia đình để gắn kết với con quý vị.
- Sử dụng biểu mẫu **Giấy Chứng Nhận Y Tế Về Các Biến Chứng Khi Sinh** khi quý vị cần nghỉ phép vì lý do y tế trong hơn sáu tuần để phục hồi sau sinh.

#### Gắn kết với em bé mới sinh

Cả cha và mẹ đều có thể sử dụng biểu mẫu **Giấy Chứng Nhận Sinh Con** cho mục đích nghỉ phép vì lý do gia đình để gắn kết với đứa trẻ vừa được sinh ra trong gia đình. Lưu ý rằng nghỉ phép vì lý do gắn kết tình cảm gia đình cần đơn đăng ký riêng.

#### BƯỚC 2: Điền thông tin vào biểu mẫu

Quý vị điền vào các trường bắt buộc (\*) ở MỤC 1 và nhà cung cấp dịch vụ chăm sóc sức khỏe của quý vị điền vào MỤC 2. Tập tài liệu này có hướng dẫn dành cho nhà cung cấp dịch vụ chăm sóc sức khỏe.

#### BƯỚC 3: Tải biểu mẫu quý vị đã điền lên

Tải biểu mẫu quý vị đã điền lên tài khoản Nghỉ Phép Hưởng Lương hoặc gửi fax tới 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.

---

## 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](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

## Giấy Chứng Nhận Y Tế Chăm Sóc Tiền Sản

<b>Use this form when taking medical leave for prenatal care.</b>	<b>Sử dụng biểu mẫu này khi nghỉ phép vì lý do y tế để chăm sóc tiền sản.</b>
<b>SECTION 1: Patient information   MỤC 1: Thông tin bệnh nhân</b>	
<b>Patient's name*   Tên của bệnh nhân* :</b>	
<b>Date of birth (MM/DD/YYYY)*   Ngày sinh (MM/DD/YYYY)* :</b> ____ / ____ / ____	<b>Paid Leave Customer ID   Mã Khách Hàng Nghỉ Phép Hưởng Lương:</b>
<b>SECTION 2: Health care provider certification   MỤC 2: Giấy chứng nhận của nhà cung cấp dịch vụ chăm sóc sức khỏe</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>	
The patient is <i>(check all that apply)*</i> :	
<input type="checkbox"/> <b>Pregnant and seeking leave for prenatal care.</b>	
<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>	
<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.	
<b>Start date (MM/DD/YYYY)* :</b> ____ / ____ / ____	<b>End date (MM/DD/YYYY)* :</b> ____ / ____ / ____
<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>	
<b>Signature* :</b>	<b>Date (MM/DD/YYYY)* :</b> ____ / ____ / ____
<b>Name and title* :</b>	
<b>Certificate license number and state:</b>	<b>Type of practice/Specialty* :</b>
<b>Phone* :</b>	<b>Email address :</b>
<b>Business address* :</b>	

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

# Certification of Birth

## Giấy Chứng Nhận Sinh Con

<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>Sử dụng biểu mẫu này khi nghỉ phép nếu quý vị cần:</b> <ul style="list-style-type: none"><li>• Nghỉ phép vì lý do y tế trong sáu tuần đầu tiên để phục hồi sau sinh.</li><li>• Nghỉ phép vì lý do gia đình để gắn kết với đứa trẻ vừa được sinh ra trong gia đình.</li></ul>	
<b>SECTION 1: Parents' information   MỤC 1: Thông tin của cha mẹ</b>			
<b>Name of parent who gave birth*   Tên phụ huynh sinh con* :</b>			
<b>Date of birth (MM/DD/YYYY)*   Ngày sinh (MM/DD/YYYY)* :</b> ___ / ___ / ___		<b>Paid Leave Customer ID   Mã Khách Hàng Nghỉ Phép Hưởng Lương:</b>	
<b>Name of non-birthing parent (if taking leave)   Tên phụ huynh không phải là người sinh con (nếu nghỉ phép) :</b>			
<b>Date of birth (MM/DD/YYYY)*   Ngày sinh (MM/DD/YYYY)* :</b> ___ / ___ / ___		<b>Paid Leave Customer ID   Mã Khách Hàng Nghỉ Phép Hưởng Lương:</b>	
<b>SECTION 2: Certification of birth   MỤC 2: Giấy chứng nhận sinh con</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>			

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

# Medical Certification for Birth Complications

## Giấy Chứng Nhận Y Tế Về Các Biến Chứng Khi Sinh

<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.	<b>Sử dụng biểu mẫu này khi nghỉ phép để phục hồi sau sinh trong hơn sáu tuần hoặc nếu quý vị gặp biến chứng.</b> Nếu quý vị không gặp biến chứng và nghỉ phép không quá sáu tuần để phục hồi sau sinh, hãy sử dụng biểu mẫu Giấy Chứng Nhận Sinh Con ở trên.
<b>SECTION 1: Patient information   MỤC 1: Thông tin bệnh nhân</b>	
<b>Patient's name*   Tên của bệnh nhân* :</b>	
<b>Date of birth (MM/DD/YYYY)*   Ngày sinh (MM/DD/YYYY)* :</b> ___ / ___ / ___	<b>Paid Leave Customer ID   Mã Khách Hàng Nghỉ Phép Hưởng Lương:</b>
<b>SECTION 2: Health care provider certification   MỤC 2: Giấy chứng nhận của nhà cung cấp dịch vụ chăm sóc sức khỏe</b>	
<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>	
<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>	
<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>	
<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>	
<b>Start date (MM/DD/YYYY)* :</b> ___ / ___ / ___	<b>End date (MM/DD/YYYY)* :</b> ___ / ___ / ___
<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>	
<b>Signature* :</b>	<b>Date (MM/DD/YYYY)* :</b> ___ / ___ / ___
<b>Name and title* :</b>	
<b>Certificate license number and state:</b>	<b>Type of practice/Specialty* :</b>
<b>Phone* :</b>	<b>Email address :</b>
<b>Business address* :</b>	

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