Certification For Disabled Adult Child For Coverage Under FMLA

Employee Name: _____ Patient Name: _____

Company Name: _____ FMLA Leave Number: _____

This form must be completed, along with the Certification Form for Leave for care of a Family Member, and returned to us via fax.

An employee may take FMLA leave to care for a child who is 18 years of age or older if the adult child is incapable of self-care because of a mental or physical disability. A disability is a condition that substantially limits a major life activity. The adult child is incapable of self-care if active assistance or supervision is required to provide daily self-care in three or more activities of daily living. The presence of a disability should be evaluated based on the adult child's condition at the time that the leave is to commence.

Step 1: Certify that a Disability Exists.

At the time of leave, does your patient have a physical or mental impairment that substantially limits a major life activity as compared to most people? ☐ Yes ☐ No

If yes, what major life activity/ies is/are limited by the impairment?

☐ Bending	☐ Hearing	☐ Reaching	☐ Speaking	☐ Other: (describe)
☐ Breathing	☐ Interacting With Others	☐ Reading	☐ Standing	
☐ Caring For Self	☐ Learning	☐ Seeing	☐ Thinking	
☐ Concentrating	☐ Lifting	☐ Sitting	☐ Walking	
☐ Eating	☐ Performing Manual Tasks	☐ Sleeping	☐ Working	

If yes, what major bodily function(s) is/are affected by the impairment?

☐ Bladder	☐ Digestive	☐ Lymphatic	☐ Reproductive
☐ Bowel	☐ Endocrine	☐ Musculoskeletal	☐ Respiratory
☐ Brain	☐ Genitourinary	☐ Neurological	☐ Special Sense Organs & Skin
☐ Cardiovascular	☐ Hemic	☐ Normal Cell Growth	☐ Other: (describe)
☐ Circulatory	☐ Immune	☐ Operation of an Organ	

What is the expected duration of the impairment, including any residual effects? Start Date: End Date:

Step 2: Describe Assistance Needed with Self-Care.

At the time of the leave, is that patient incapable of completing at least three (3) activities of daily living, such as bathing, dressing, cooking or taking public transportation, and require assistance from the parent requesting FMLA leave? ☐ Yes ☐ No

If yes, what three (3) activities of daily living is your patient incapable of? *Please describe.*

_____

_____

Step 3: Sign.

Medical Professional's Signature: _____ Date: _____

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