advancing safety, health, and workplace rights in the legislative branch

Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave

(Family and Medical Leave Act, as made applicable by the Congressional Accountability Act)

Form G Notice to the EMPLOYING OFFICE

The Family and Medical Leave Act (FMLA), as made applicable by the Congressional Accountability Act (CAA), provides that an employing office may require an employee seeking military caregiver leave under the FMLA leave due to a serious injury or illness of a covered veteran to submit a certification providing sufficient facts to support the request for leave. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations issued by the Office of Compliance (OOC) Board of Directors (the Board) at 825.310. Employing offices must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees or employees' family members, created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files, if the Americans with Disabilities Act and/or the Genetic Information Nondiscrimination Act apply, as made applicable by the CAA.

SECTION I: For Completion by the EMPLOYEE and/or the VETERAN for whom the employee is requesting leave

INSTRUCTIONS to the EMPLOYEE and/or VETERAN: Please complete Section I before having Section II completed. The FMLA, as made applicable by the CAA, permits an employing office to require that an employee submit a timely, complete, and sufficient certification to support a request for military caregiver leave under the FMLA leave due to a serious injury or illness of a covered veteran. If requested by the employing office, your response is required to obtain or retain the benefit of FMLA-protected leave. Failure to do so may result in a denial of an employee's FMLA request. OOC regulations at 825.310(g). The employing office must give an employee at least 15 calendar days to return this form to the employing office.

(This section must be completed before Section II can be completed by a health care provider.)

Part A: EMPLOYEE INFORMATION

veteran):	ind address of employing office (this is the employing office of the employee requesting leave to care for a bit.):					
Name of e	employee requ	uesting	leave to care	for a veteran:		
	First			Middle	Last	
Name of v	eteran (for w	hom e	mployee is req	uesting leave):		
	First			Middle	Last	
Relationsh	nip of employ	ee to v	eteran:			
□ Spouse	☐ Parent	Son	☐ Daughter	□ Next of Kin	(please specify relationship):	

Part B: VETERAN INFORMATION

(1)	Date of the veteran's discharge:
(1)	Was the veteran dishonorably discharged or released from the Armed Forces (including the National Guard or Reserves)? \Box Yes \Box No
(2)	Please provide the veteran's military branch, rank and unit at the time of discharge:
(3)	Is the veteran receiving medical treatment, recuperation, or therapy for an injury or illness? \Box Yes \Box No
Part C	: CARE TO BE PROVIDED TO THE VETERAN
Describ	be the care to be provided to the veteran and an estimate of the leave needed to provide the care:

SECTION II: For completion by: (1) a United States Department of Defense ("DOD") health care provider; (2) a United States Department of Veterans Affairs ("VA") health care provider; (3) a DOD TRICARE network authorized private health care provider; (4) a DOD non-network TRICARE authorized private health care provider; or (5) a health care provider as defined in the OOC regulations at 825.125.

INSTRUCTIONS to the HEALTH CARE PROVIDER: The employee named in Section I has requested leave under the military caregiver leave provision of the FMLA, as made applicable by the CAA, to care for a family member who is a veteran. For purposes of FMLA military caregiver leave, a serious injury or illness means an injury or illness incurred by the servicemember in the line of duty on active duty in the Armed Forces (or that existed before the beginning of the servicemember's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces) and manifested itself before or after the servicemember became a veteran, and is:

- (i) a continuation of a serious injury or illness that was incurred or aggravated when the covered veteran was a member of the Armed Forces and rendered the servicemember unable to perform the duties of the servicemember's office, grade, rank, or rating; or
- (ii) a physical or mental condition for which the covered veteran has received a U.S. Department of Veterans Affairs Service Related Disability Rating (VASRD) of 50 percent or greater, and such VASRD rating is based, in whole or in part, on the condition precipitating the need for military caregiver leave; or
- (iii) a physical or mental condition that substantially impairs the covered veteran's ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service, or would do so absent treatment; or
- (iv) an injury, including a psychological injury, on the basis of which the covered veteran has been enrolled in the Department of Veterans' Affairs Program of Comprehensive Assistance for Family Caregivers.

A complete and sufficient certification to support a request for FMLA military caregiver leave due to a covered veteran's serious injury or illness includes written documentation confirming that the veteran's injury or illness was incurred in the line of duty on active duty or existed before the beginning of the veteran's active duty and was aggravated by service in the line of duty on active duty, and that the veteran is undergoing treatment, recuperation, or therapy for such injury or illness by a health care provider listed above. Answer fully and completely all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA military caregiver leave coverage. Limit your responses to the veteran's condition for which the

employee is seeking leave. Do not provide information about genetic tests, as defined in 29 C.F.R. §1635.3(f), or genetic services, as defined in 29 C.F.R. §1635.3(e).

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits us from requesting/ requiring genetic information of an individual or family member of the individual, except as specifically allowed by GINA. We ask that you not provide any genetic information when responding to this request for medical information. "Genetic information" includes an individual's family medical history, results of genetic tests, the fact that an individual or an individual/family member sought or received genetic services and genetic information of a fetus carried by an individual /family member/embryo lawfully held by an individual/family member receiving assistive reproductive services.

(Please ensure that Section I has been completed before completing this section. Please be sure to sign the form on the last page and return this form to the employee requesting leave (See Section I, Part A above). **DO NOT SEND THE COMPLETED FORM TO THE OFFICE OF COMPLIANCE.**)

Part A: HEALTH CARE PROVIDER INFORMATION

Health	care _]	provider's name and business address:
Telepho	one: (() Fax: ()
Email:		
Type of	f Prac	ctice/Medical Specialty:
Please	indica	ate if you are:
	a D	OD health care provider
	a V	A health care provider
	a D	OD TRICARE network authorized private health care provider
	a D	OD non-network TRICARE authorized private health care provider
	oth	er health care provider
<mark>PART</mark>	В: 1	MEDICAL STATUS
to rely	upon	are unable to make certain of the military-related determinations contained in Part B, you are permitted determinations from an authorized DOD representative (such as, DOD Recovery Care Coordinator) or d VA representative.
(1)	The	e Veteran's medical condition is:
		A continuation of a serious injury or illness that was incurred or aggravated when the covered veteran was a member of the Armed Forces and rendered the servicemember unable to perform the duties of the servicemember's office, grade, rank, or rating.
		A physical or mental condition for which the covered veteran has received a U.S. Department of Veterans Affairs Service Related Disability Rating (VASRD) of 50% or higher, and such VASRD rating is based, in whole or in part, on the condition precipitating the need for military caregiver leave.
		A physical or mental condition that substantially impairs the covered veteran's ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service, or would do so absent treatment.

		An injury, including a psychological injury, on the basis of which the covered veteran is enrolled in the Department of Veterans' Affairs Program of Comprehensive Assistance for Family Caregivers.
		None of the above.
(2)		he veteran being treated for a condition which was incurred or aggravated by service in the line of duty active duty in the Armed Forces? \Box Yes \Box No
(3)	Ap	proximate date condition commenced:
(4)	Pro	bable duration of condition and/or need for care:
(5)	Is t	he veteran undergoing medical treatment, recuperation, or therapy for this condition? ☐ Yes ☐ No
	If y	ves, please describe medical treatment, recuperation or therapy:
PAR'	 <mark>Г С:</mark>	VETERAN'S NEED FOR CARE BY FAMILY MEMBER
	ologic Wi	leeds or safety, or is unable to transport him or herself to the doctor. It also includes providing all comfort and reassurance which would be beneficial to the veteran who is receiving inpatient or home. If the veteran need care for a single continuous period of time, including any time for treatment and overy? Yes No
		ves, estimate the beginning and ending dates for this period of time:
(2)		Il the veteran require periodic follow-up treatment appointments?
	If y	ves, estimate the treatment schedule:
(3)		here a medical necessity for the veteran to have periodic care for these follow-up treatment pointments? \[\sum \text{Yes} \] No
(4)		here a medical necessity for the veteran to have periodic care for other than scheduled follow-up atment appointments ($e.g.$, episodic flare-ups of medical condition)? \square Yes No
	If y	yes, please estimate the frequency and duration of the periodic care:
Signa	ture o	f Health Care Provider: Date: