



**Seale Harris Clinic Policy on FMLA, Short-Term and Long-Term Disability Forms**

The physicians of Seale Harris Clinic will provide an excuse due to medical illness with specified dates at **No Charge** during a clinic visit. If further information is requested such as FMLA, Short-Term or Long-Term Disability forms a consultation visit must be scheduled with the physician **after** all the necessary information is obtained. Prior to your visit you will need to review the definitions on Page 2 and then fill out the appropriate questions on page 3&4.) Upon completion of this questionnaire your physician will fill out your FMLA, short-term or long-term disability forms. Once your forms have been completed you will be scheduled for your consultation visit to review the forms with your physician and make any necessary corrections. If you're FMLA, Short-Term or Long-Term disability forms require you to have a physical capacity examination (PCE) you must bring the results of this exam to your consultation visit. *Please see Page 2 for facilities.* There will be a \$75.00 charge for your consultation visit that is not billable to insurance and therefore **must be paid in full** prior to your visit. Thank you for your cooperation.

**Family Medical Leave Act (FMLA) and Disability Examination**

Do you have a condition that qualifies as a "serious medical condition" under FMLA? Remember the common cold, sinusitis, bronchitis; headaches, back pain and other similar conditions do not qualify for FMLA. Examples of qualifying conditions would include major surgery, chemotherapy, and hospitalization resulting in a period of incapacity and or regimen of continuing treatment. Please check the category which most accurately describes your condition.

- Hospital Care
- Pregnancy
- Permanent/Long-term Conditions Requiring Supervision
- Multiple Treatments (Non-Chronic Conditions)
- Absence Plus Treatment
- Chronic Conditions Requiring Treatments

**Patient's Name (Print):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

I hereby authorize Seale Harris Clinic to disclose my medical information as requested. Information used or disclosed by this authorization may be subject to subsequent disclosure by the recipient and no longer be protected by this rule. I am requesting that the protected information be release to the following parties:

**Name of Individual Or Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

## Definitions

A “**Serious Medical Condition**” means an illness, injury impairment, or physical or mental condition that involves one of the following:

1. Hospital Care

**Inpatient care** (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care.

2. Absence plus Treatment

(a) A period of incapacity of **more than three consecutive calendar days** (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:

- (1) **Treatment two or more times** by a health care provider, by a nurse or physician’s assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a health care provider; or
- (2) **Treatment** by a health care provider on **at least one occasion** which results in a **regimen of continuing treatment** under the supervision of the health care provider.

3. Pregnancy

Any period of incapacity due to **pregnancy**, or **for prenatal care**.

4. Chronic Conditions Requiring Treatments

A **chronic condition** which:

- (1) Requires **periodic visits** for treatment by a health care provider, or by a nurse or physician’s assistant under direct supervision of a health care provider;
- (2) Continues over an **extended period of time** (including recurring episodes of a single underlying condition); and
- (3) May cause **episodic** rather than a continuing period of incapacity (e.g. asthma, diabetes, epilepsy, etc.).

5. Permanent/Long-term Conditions Requiring Supervision

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, health care provider**. Examples include Alzheimer’s a severe stroke, or the terminal stages of a disease.

6. Multiple Treatments (Non-Chronic Conditions)

Any period of absence to receive **multiple treatments** (including any period of recovery there from) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for **restorative surgery** after an accident or other injury, or for a condition **that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment**, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), and kidney disease (dialysis).

## Physical Capacity Exams Facilities

|  |                                 |                                      |
|--|---------------------------------|--------------------------------------|
| <b>Champion Sports Medicine</b> \$900.00 | <b>Lakeshore Rehab</b> \$875.00 | <b>St. Vincent’s Rehab</b> \$1230.00 |
| 805 St. Vincent’s Drive                  | 3830 Ridgeway Drive             | 800 St. Vincent’s Drive              |
| Birmingham, Alabama 35205                | Birmingham, Alabama 35209       | Birmingham, Alabama 35205            |
| (205) 939-1557                           | (205) 870-5999                  | (205) 930-2300                       |



**FMLA, Short-Term and Long-Term Disability Forms Questionnaire**

**Please fill out the following questions being as specific as possible. Should you require more space you can use another piece of paper.**

- 1. Does the medical condition involve you or a family member? *If pertaining to a family member please provide their name and PCP.*

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- 2. Describe the medical facts including specific diagnosis, symptoms and regimen of continuing treatment for the serious medical condition. Be specific.

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- 3. Name of the physician and date of the first office visit for this serious medical conditions

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- 4. Names of the physicians and dates of all visits, treatments, hospitalization for the serious medical condition.

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- 5. Dates of work missed due to incapacity of the serious medical condition.

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6. Explain your job duties and responsibilities and why you can not work. Please include explanation of treatment, medications and how this impacts our ability to work.

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7. When do you anticipate returning to work full time?

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8. If you are returning to work part-time and or are “limited” to perform your regular duties, please explain in detail why you can not perform duties.

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