

FMLA INFORMATION SHEET

1. For what medical condition(s) are you requesting FMLA?

2. When did the medical condition(s) begin? _____

3. Are you currently working? _____
4. What are the exact dates of work you have missed? _____

5. In what way do you feel that your medical condition will prevent you from working? _____

6. What specific job duties do you feel that you can/will not be able to perform? _____

7. If you are under the care of other physicians for this condition, list their names and the dates of your past and future visits / treatments. _____

8. If you are requesting leave to help care for a family member, what is the nature of the family member's serious health condition, and what role will you have in their care? _____

FMLA is intended for serious illness, chronic illness, pregnancy, or when a family member's illness requires your direct involvement. Based on this information you may or may not qualify for FMLA.

Patient Name

Signature

Date