

**Physician or Practitioner Certification
For Family or Medical Leave**

Dear Physician or Practitioner:

To assist in establishing leave entitlements under Wisconsin's Family and Medical Leave Law (Section 103.10, Wisconsin Statutes) please answer the questions below and return this certification to Employer. **Please Return To: The Green County Human Resources Department, N3152 State Hwy 81 Monroe, WI 53566 or Fax to: 608-325-1162**

Employer Information

Employer Name: Green County			
Street Address: N3152 State Hwy 81 Monroe	City: Monroe	State: WI	Zip Code 53566

Employee/Patient Name

Employee Name	Patient Name (if not employee)	Relationship:
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Information Requested — Completed by Treating Physician or Practitioner

Does _____ have a serious health condition? Yes No (Patient Name)
Note: Wisconsin's Family and Medical Leave Law (Section 103.10 Wisconsin Statutes) defines a serious health condition as a disabling physical or mental illness, injury, impairment or condition involving either inpatient care in a hospital, or outpatient care that requires continuing treatment or supervision by a health care provider.
What date did the condition begin?
What is the probable duration of the condition <u>and</u> the date the employee may return to work?
Specify medical facts regarding the serious health condition: _____ _____ _____ <i>In compliance with the Genetic Information Nondiscrimination Act of 2008 (GINA) we are asking that you not provide any genetic information, as defined by GINA, when responding to this request for medical information</i>
Please indicate the extent to which the employee is unable to perform his or her employment duties. _____ _____

Physician/Practitioner Information

Physician/Practitioner Name (Please Print)	
Physician's Signature	Date Signed