

State of Wisconsin  
 Department of Workforce Development  
 Equal Rights Division  
 Civil Rights Bureau

## Physician or Practitioner Certification For Family or Medical Leave

Personal information you provide may be used for secondary purposes. See Section 15.04 (1) (m), Wisconsin Statutes for details.

**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 checked below and return this certification to Employer.

**Employer Information**

Employer Name			
Street Address	City	State	Zip Code

**Employee/Patient Name**

Employee Name	Patient Name (if not employee)
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**Information Requested** (Employer, please check the appropriate box (es) below identifying the information you need from the physician or practitioner.)

<input checked="" type="checkbox"/>	Does _____ have a serious health condition?      Yes      No (patient name)
<b>Note:</b> Wisconsin's Family and Medical Leave Law (Section 103.10 Wisconsin Statutes) defines a <b>serious health condition</b> 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.	
<input checked="" type="checkbox"/>	What date did the condition begin?
<input checked="" type="checkbox"/>	What is the probable duration of the condition?
<input checked="" type="checkbox"/>	Specify medical facts regarding the serious health condition (diagnosis not required).
_____ _____ _____ _____	
<input checked="" type="checkbox"/>	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

**Note to Employer: this information should be retained in a confidential medical file.**