

Certification of Birth

Use this form for:

- Family leave to bond with a child born into your family
- The first six weeks of medical leave to recover from giving birth

If more than six weeks of recovery from birth is medically necessary, use the **Medical Certification for Birth Complications**.

Do not use this form for family leave for adoption, foster care, or other approved placement types. Visit paidleave.wa.gov for information about required documentation for family leave for placement.

Parents' information

Complete the parent information section, then have your healthcare provider, midwife, or a representative of your healthcare facility complete and sign the certification.

Information about parent that gave birth:

Name: _____

Date of birth: ____ / ____ / ____ Paid Leave Customer ID number (if known): _____

Information about second parent (if taking leave):

Name: _____

Date of birth: ____ / ____ / ____ Paid Leave Customer ID number (if known): _____

Certification of birth

To be completed and signed by a healthcare provider, midwife, or a representative of a healthcare facility.

All sections are required unless otherwise noted. Incomplete forms may delay your patient's eligibility for benefits.

Child's date of birth: ____ / ____ / ____ Place of birth (city, state): _____

Provider's information and signature

I declare under penalty of perjury that the information provided in this form is true and correct, and that I am a healthcare provider as defined in RCW 50A.05.010, a midwife, or a representative of a healthcare facility.

Signature: _____

Date: ____ / ____ / ____

Name and title: _____

Type of practice/Specialty:

OB/GYN

Phone:

509-924-1990

Email address:

fmla@valobgyn.com

Business name and address: Valley OBGYN

1415 N Houk Rd, Suite A Spokane Valley, WA 99216

Upload completed form to your Paid Leave account.

If you do not have an account, include the form with your benefit application or fax to 833-535-2273.

Medical Certification for Birth Complications

Use this form:

- **If more than six weeks of recovery from birth is medically necessary.**

When six weeks or less is needed to recover from giving birth, use the Certification of Birth form.

Patient information

Complete the patient information section, then have your healthcare provider complete and sign the certification.

Patient's name:

Patient's date of birth: ____ / ____ / ____

Paid Leave Customer ID number (if known):

Healthcare provider's certification

To be completed and signed by a healthcare provider if more than six weeks of recovery from birth is medically necessary.

- Give specific dates. Terms such as "unknown" or "indeterminate" won't be sufficient to determine Paid Leave eligibility.
- Answers should be your best estimate based on your medical knowledge, experience, and examination of the patient.
- All sections are required unless otherwise noted. Incomplete forms may delay your patient's eligibility for benefits.

Briefly describe the incapacity due to postnatal serious health condition. *Can include but is not limited to recovery after a cesarean delivery, infections, or other postnatal complications.*

Provide the start and end dates for the leave needed for the serious health condition described above. *Do not include bonding leave, which may be applied for separately.*

Start date: (Child's date of birth) ____ / ____ / ____ **End date:** ____ / ____ / ____

Healthcare provider's information and signature

I declare under penalty of perjury that the information provided in this form is true and correct, that the patient's condition meets the definition of "serious health condition," and that I am a healthcare provider authorized to certify their condition (RCW 50A.05.010; WAC 192-500-090).

Signature:

Date: ____ / ____ / ____

Name and title:

Certificate license number and state (optional):

Type of practice/Specialty:

OB/GYN

Phone:

509-924-1990

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fmla@valobgyn.com

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