

Prenatal Care Medical Certification

Use this form for:

- Medical leave for prenatal care
- Medical leave related to a prenatal complication

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 certification

To be completed and signed by a healthcare provider for leave related to prenatal care.

- Indicate on this form if your patient is experiencing incapacity related to pregnancy. This allows us to approve the full amount of leave they are entitled to.
- Give specific dates. Terms such as "unknown" or "indeterminate" won't be sufficient to determine Paid Leave eligibility.
- All sections are required unless otherwise noted. Incomplete forms may delay your patient's eligibility for benefits.

The patient is (check all that apply):

- Pregnant and seeking leave for prenatal care.**
- Experiencing incapacity due to a prenatal health condition.** Can include but is not limited to severe morning sickness, preeclampsia, infections, or other prenatal complications.

Start date: (Day the patient's leave begins)

___ / ___ / ___

End date: (If leave is needed for the duration of the pregnancy, provide estimated due date. Otherwise, the estimated date incapacity will no longer exist.)

___ / ___ / ___

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

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.