

Family and Medical Leave Act Information Sheet

For purposes of FMLA "serious health condition" means an accident, injury, illness, disease, or physical or mental condition that: poses imminent danger of death, requires inpatient care in a hospital, hospice, or residential medical facility; or requires continuing in-home care under the direction of a physician or health care provider that involves one or more of the following:

1. **Hospital Care**

Inpatient care¹ in a hospital, hospice, or residential medical facility; or requires continuing in-home care under the direction of a physician or health care provider.

2. **Absence Plus Treatment**

A period of incapacity of **more than three consecutive calendar days** that involves (including any subsequent treatment or any period of incapacity relating to the same condition), that also involves.

(a) **Treatment**² **two or more times** by a health care provider (or under the direction or orders of a health care provider), or

(b) **Treatment** by a health care provider on **at least one occasion** resulting in a **regimen**³ of **continuing treatment under the supervision of the health care provider**;

3. **Pregnancy**

Any period of incapacity due to pregnancy, or for prenatal care;

4. **Chronic Condition Requiring Treatment**

A Chronic condition which:

(a) Requires **periodic visits** for treatment by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider;

(b) Continues over an **extended period of time** (including recurring episodes of a single underlying condition); and

(c) May cause **episodic** rather than a continuing period of incapacity (e.g., asthma, diabetes, and epilepsy etc.).

5. **Permanent/Long-Term conditions Requiring Supervision**

A period of **incapacity** which is **permanent or long-term** due to a condition for which treatment may not be effective, although the individual is under the **continuing supervision of a health care provider**.

Examples include Alzheimer's, severe stroke, or the terminal stages of a disease.

6. **Multiple Treatments (Non-Chronic Conditions)**

Any period of absence to receive **multiple treatments** from a health care provider (or on orders or referral from a health care provider) for **restorative surgery** after an accident or other injury or for a condition that **would likely result in an absence of more than three consecutive calendar days without treatment** (e.g., cancer (chemotherapy, radiation), severe arthritis (physical therapy), kidney disease (dialysis).

¹ Here and elsewhere on this form, the information sought relates only to the condition for which the employee is taking FMLA leave

² Treatment includes examination to determine if a serious health condition exists and evaluation of the condition. Treatment does not include routine physical examination, eye examinations, or dental examinations.

³ A regimen of continuing treatment includes, for example, a course of prescription medication (e.g. an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition. A regimen of treatment does not include the taking of over-the-counter medications such as aspirin, antihistamines, or salves, or bed-rest, drinking fluids, exercise, or other similar activities that can be initiated without a visit to a health care provider

