

FMLA / Disability Paperwork Checklist

At check-out following your visit with a Bray Family Medicine provider & upon request, a note may be requested for missed work or school. For a provider to complete FMLA, short-term disability, long-term disability or other paperwork, you must complete the following steps:

- Review the paperwork. If there are any sections that you (employee) or your supervisor must complete and sign, these sections must be completed first.
- If the paperwork includes a medical release, you must complete & sign the medical release before your provider can begin.
- If you are requesting leave for your own serious health condition & haven't had a recent visit related to the condition, you need an appointment. If you are requesting leave for a family member's serious health condition & your family member, who must be a Bray Family Medicine patient, hasn't had a recent visit related to the condition, your family member needs an appointment. **Your paperwork and this completed checklist should be brought to the visit.**
- Paperwork fee of \$25 must be paid in full.
- Complete the following information:

Patient's Name: _____ DOB: _____ Provider: _____

Explain health condition & reason for missed work: _____

What job functions are you unable to perform because of the condition? _____

Approx date condition began: _____. If hospitalized, provide dates of hospitalization: _____ to _____

Leave requested for a single continuous period of time? Y N

First day of missed work: _____ Anticipated return to work date: _____

Is leave being requested for a chronic condition requiring periodic follow-up visits (at least 2 per year)? Y N

If a specialist is involved in managing the condition, complete the following:

Specialist's name: _____ City/State: _____

Specialty: _____ Anticipated freq of visits: _____

If you are requesting leave for a family member's serious health condition, how are you related to the patient?

_____ What type of assistance are you providing? _____

When paperwork is complete, fax to: _____ or call: _____

Contact information – Name: _____ Paperwork due date: _____

Phone: _____