

**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
CERTIFICATION FOR SERIOUS INJURY OR ILLNESS
OF A VETERAN
FOR MILITARY FAMILY LEAVE
(FAMILY AND MEDICAL LEAVE ACT)**



SECTION I: For completion by the EMPLOYEE and/or the VETERAN for whom the employee is requesting leave: (This section must be completed first before any of the below sections can be completed by a health care provider.)

Part A: EMPLOYEE INFORMATION

Name and Address of Employer (this is the employer of the employee requesting leave to care for a veteran):

**The School Board of Broward County, Florida
Leaves Department
7770 W. Oakland Park Blvd.
Sunrise, FL 33351**

Name of Employee Requesting Leave to Care for veteran

Personnel Number

Name of veteran (for whom employee is requesting leave to care for)

Relationship of Employee to veteran:

☐ Spouse ☐ Parent ☐ Son ☐ Daughter ☐ Next of Kin

Part B: VETERAN INFORMATION

1. Date of veteran's discharge: _____
2. Was the veteran dishonorably discharged or released from the Armed Forces (including National Guard or reserves)?
Yes ____ No ____
3. Please provide the veteran's military branch, rank and unit at the time of discharge:

4. Is the veteran receiving medical treatment, recuperation, or therapy for an injury or illness?
Yes ____ No ____

Part C: CARE TO BE PROVIDED TO VETERAN

Describe the care to be provided to the veteran and an estimate of the leave needed to provide the care:

SECTION II: For Completion by: (1) a United States Department of Defense ("DOD") Health Care Provider; (2) a United States Department of Veterans Affairs ("VA") health care provider; (3) a DOD TRICARE network authorized private health care provider; or (4) a DOD non-network TRICARE authorized private health care provider; or (5) a health care provider as defined in 29 CFR 825.125.

INSTRUCTIONS TO THE HEALTH CARE PROVIDER: The employee named in Section I has requested leave under the military caregiver leave provisions of the FMLA to care for a family member who is a veteran. For purposes of FMLA military caregiver leave, a serious injury or illness means an injury or illness incurred by the servicemember in the line of duty on active duty in the Armed Forces (or that existed before the beginning of the servicemember's active duty and was aggravated by service in the line of duty on active duty in the Armed forces) and manifested itself before or after the servicemember became a veteran, and is:

- (i) A continuation of a serious injury or illness that was incurred or aggravated when the covered veteran was a member of the Armed Forces and rendered the servicemember unable to perform the duties of the servicemember's office, grade, rank, or rating; or
- (ii) A physical or mental condition for which the covered veteran has received a U.S. Department of Veterans Affairs Service Related Disability Rating (VASRD) of 50 percent or greater, and such VASRD rating is based, in whole or in part, on the condition precipitating the need for military caregiver leave; or
- (iii) A physical or mental condition that substantially impairs the covered veteran's ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service, or would do so absent treatment; or
- (iv) An injury, including a psychological injury, on the basis of which the covered veteran has been enrolled in the Department of Veterans' Affairs Program of Comprehensive Assistance for Family Caregivers.

A complete and sufficient certification to support a request for FMLA military caregiver leave due to a covered veteran's serious injury or illness includes written documentation confirming that the veteran's injury or illness was incurred in the line of duty on active duty or existed before the beginning of the veteran's active duty and was aggravated by service in the line of duty on active duty, and that the veteran is undergoing treatment, recuperation, or therapy for such injury or illness by a health care provider listed above. Answer fully and completely all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be specific as you can; terms such as "lifetime", "unknown", or "indeterminate" may not be sufficient to determine FMLA military caregiver leave coverage. Limit your responses to the veteran's condition for which the employee is seeking leave.

Please ensure that Section I has been completed before completing this section. Please be sure to sign the form on the last page and return this form to the employee requesting leave (See Section I, Part A above).

Part A: HEALTH CARE PROVIDER INFORMATION

Health Care Provider's Name and Business Address: _____

 Telephone: _____ Fax: _____ Email: _____

Type of Practice/Medical Specialty:

Please state whether you are either: (1) a DOD health care provider; (2) a VA health care provider; (3) a DOD TRICARE network authorized private health care provider; or (4) a DOD non-network TRICARE authorized private health care provider: _____

Please indicate if you are:

- ☐ a DOD health care provider
- ☐ a VA health care provider
- ☐ a DOD TRICARE network authorized private health care provider
- ☐ a DOD non-network TRICARE authorized private health care provider
- ☐ other health care provider

Part B: MEDICAL STATUS (Note: If you are unable to make certain of the military-related determinations contained in Part B, you are permitted to rely upon determinations from an authorized DOD representative (such as, DOD Recovery Care Coordinator) or an authorized VA representative).

(1) The veteran's medical condition is:

- ☐ A continuation of a serious injury or illness that was incurred or aggravated when the covered veteran was a member of the Armed Forces and rendered the servicemember unable to perform the duties of the servicemember's office, grade, rank, or rating.

- ☐ A physical or mental condition for which the covered veteran has received a U.S. Department of Veterans Affairs Service Related Disability Rating (VASRD) of 50% or higher, and such VASRD rating is based, in whole or in part, on the condition precipitating the need for military caregiver leave.
- ☐ A physical or mental condition that substantially impairs the covered veteran's ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service, or would do so absent treatment.
- ☐ An injury, including a psychological injury, on the basis of which the covered veteran is enrolled in the Department of Veterans' Affairs Program of Comprehensive Assistance for Family Caregivers.
- ☐ None of the above

- (2) Is the veteran being treated for a condition which was incurred or aggravated by service in the line of duty on active duty in the armed forces? Yes ____ No ____
- (3) Approximate date condition commenced: _____
- (4) Probable duration of condition and/or need for care: _____
- (5) Is the veteran undergoing medical treatment, recuperation, or therapy for this condition? Yes ____ No ____
If yes, please describe medical treatment, recuperation or therapy:
- _____
- _____

Part C: VETERAN'S NEED FOR CARE BY FAMILY MEMBER

"Need for care" encompasses both physical and psychological care. It includes situations where, for example, due to his or her serious injury or illness, the veteran is unable to care for his or her own basic medical, hygienic, or nutritional needs or safety, or is unable to transport him or herself to the doctor. It also includes providing psychological comfort and reassurance which would be beneficial to the veteran who is receiving inpatient or home care.

- (1) Will the veteran need care for a single continuous period of time, including any time for treatment and recovery? Yes ____ No ____
If yes, estimate the beginning and ending dates for this period of time: Begin: _____ End: _____
- (2) Will the veteran require periodic follow-up treatment appointments? Yes ____ No ____
If yes, estimate the treatment schedule: _____
- (3) Is there a medical necessity for the veteran to have periodic care for these follow-up treatment appointments? Yes ____ No ____
- (4) Is there a medical necessity for the veteran to have periodic care for other than scheduled follow-up treatment appointments (e.g., episodic flare-ups of medical condition)? Yes ____ No ____

If yes, please estimate the frequency and duration of the periodic care: _____

Signature of Health Care Provider: _____ **Date:** _____