

**Certification for Serious Injury or Illness of a
Current Servicemember for Military Caregiver Leave**

**U.S. Department of Labor
Wage H (n)-(ve)-(r.4)]- (vD.1 (s)-(r)4)-(r)s (o)-46rn**

Employee Name: _____

care.

Employee Name: _____

(6) The current servicemember's medical condition is classified as: *(Select as appropriate)*

(VSI) Very Seriously Ill/Injured Illness/Injury is of such a severity that life is imminently endangered. Family members are requested at bedside immediately. *Please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.*

(SI) Seriously Ill/Injured Illness/injury is of such severity that there is cause for immediate concern, but there is no imminent danger to life. Family members are requested at bedside. *Please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.*

OTHER Ill/Injured A serious injury or illness that may render the servicemember medically unfit to perform the duties of the member's office, grade, rank, or rating.

NONE OF THE ABOVE. *Note to Employee: If this box is checked, you may still be eligible to take leave to care for a covered family member with a "serious health condition" under 29 C.F.R. § 825.113 of the FMLA. If such leave is requested, you may be required to complete DOL FORM WH-380-F or an employer-provided form seeking the same information.*

PART C: AMOUNT OF LEAVE NEEDED

For the medical condition checked in Part B, complete all that apply. Some 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 as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage.

- (7) Due to the condition, the servicemember will need care for a **continuous period of time**, including any time for treatment and recovery. Provide your **best estimate** of the beginning date _____ (mm/dd/yyyy) and end date _____ (mm/dd/yyyy) for this period of time.
- (8) Due to the condition, it is medically necessary for the servicemember to attend **planned medical treatment** appointments (scheduled medical visits). P2.6 (y2m (m)17.1 F8 (t)-4.6 (i)-8()1.9 ((i)-2.6-1.6 (nd2xr-4 (et0 1 Tf0.002 Tc