

Pregnancy-related medical leave certification form

Submit this form as part of your application for Birth and Bonding Leave. Birth and Bonding Leave includes both Medical Leave due to pregnancy or recovery from birth and Family Leave to bond with the baby. This leave type can only be taken continuously, meaning one stretch of time during which you will be off of work completely. You will need to ask your healthcare provider to fill out sections of this form.

Things to keep in mind:

- It is important that the leave dates you and your provider fill in match what you told or will tell your employer.
- If your child has already been born, this form certifies your eligibility for both Medical Leave and Bonding Leave. If your child has not been born, this form certifies your eligibility for Medical Leave only. Once your child is born, you will need to upload a document to prove your child's birth before you can start your Bonding Leave.

Is this the right form?

- If you are applying for Medical Leave for your pregnancy, but are not also applying for leave to bond with your child at this time, use the Medical Leave Certification form instead.
- If you are applying to work fewer hours than normal rather than take work off completely to bond with your child after your Medical Leave, you will need to use the Medical Certification form to certify your Medical Leave. (In this case, you would need to submit two leave applications: one for your Medical Leave and one for your Bonding Leave.)

DEED is an equal opportunity employer and program provider. This information can be provided in alternative formats to people with disabilities or people needing language assistance by calling 651-566-7777 or 844-556-0444.

Pregnancy-related medical leave certification form

This form has three sections:

1. Applicant information
2. Leave information
3. Healthcare provider certification

How to complete this form:

The form can be filled out digitally or printed and filled out by hand.

1. Complete the applicant information section.
2. Give this form to the healthcare provider who is treating you. For pregnancy, this is often an OB-GYN, Midwife, Nurse Practitioner, or Primary Care Physician. Page 6 lists the kinds of healthcare providers eligible to complete this form.
3. The healthcare provider will complete the leave information and healthcare provider certification sections and return the form to you.
4. There are several ways to get your form to us.
 - a. If you have completed this form digitally, you can upload the completed file online at paidleave.mn.gov.
 - b. If you printed the form, you can upload photos or a scan of the completed form.
 - c. Your provider could fax the form to Paid Leave.
 - d. If you don't have a way to upload the form online, call the Contact Center at 651-556-7777 or 844-556-0444 for directions to fax or mail your form.

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1. Applicant Information

Instructions: Complete this section with the applicant's information.

① Applicant name

Write your name as it appears on official documents like a state ID, driver's license, or W-2 form.

First

Middle (optional)

Last

② Last 4 digits of your Social Security Number (SSN) or your Individual Taxpayer Identification Number (ITIN)

SSN or ITIN

③ Date of birth

Month

Day

Year

④ Phone number

⑤ Residential address

Note: This is optional. If you mail the form, we will use this information to match it to your application.

Address line 1

Address line 2 (optional)

City

State

Zip code

⑥ By signing, I authorize the healthcare provider who completes this form to confirm with Minnesota Paid Leave that the information is correct.

Signature:

Date:

Month

Day

Year

2. Leave information**This page should be filled out by a healthcare provider.**

Instructions: Birth and Bonding Leave includes both Medical Leave due to pregnancy or recovery from birth and Family Leave to bond with the baby. This leave type can only be taken continuously, meaning one stretch of time during which the applicant is off of work completely.

Answer all questions fully and completely.

① Has the child been born?☐ **Yes**

What was the date of birth?

____ / ____ / ____
Month Day Year

☐ **No**

What is the expected due date?

____ / ____ / ____
Month Day Year

② Is it medically beneficial for the patient to take leave prior to giving birth?

Pre-birth leave must be for a medical reason and cannot be used to prepare for the arrival of a child or for any other non-medical purpose.

☐ **Yes**

The patient will need approximately _____ weeks of Medical Leave prior to giving birth.

☐ **No****③ Is it medically beneficial for the patient to take leave to recover from giving birth?**☐ **Yes**

The patient will need approximately _____ weeks of Medical Leave to recover from giving birth.

☐ **No**

Healthcare provider initials _____

3. Healthcare provider certification

This page should be filled out by a healthcare provider.

Instructions: Provide the relevant licensing and contact information about your practice. Sign and date to certify this leave application. After signing, return the form to the patient.

① Provider's name

First

Middle (optional)

Last

② Title and area of practice or medical specialty**③ Contact information**

Office Phone

Office Fax

Office mailing address line 1

Office mailing address line 2 (optional)

City

State

Zip code

④ License or practice number**Note:** The form will not be accepted unless a license number is provided.

License or practice number

State / country

By signing below, I certify the following:

- The patient is receiving medical care related to their serious health condition and is unable to perform regular work due to their medical condition or required treatment.
- I have answered all questions as true and complete to the best of my knowledge, experience, and belief.
- I am a healthcare provider who is licensed, certified, or otherwise authorized under law to certify the patient's condition within my scope of practice.

Signature: _____

Date: _____ / _____ / _____

Month

Day

Year

Definition of a serious health condition

A serious health condition is an illness, injury, impairment, condition, or substance use disorder that affects a person's physical health, mental health, or both. Visit paidleave.mn.gov to learn more about how Paid leave defines a serious health condition.

A serious health condition must involve at least one of the following:

1. inpatient care in a hospital, hospice, or residential medical care facility, including any period of incapacity

- a. What is inpatient care? An overnight stay in a hospital, hospice, or residential medical care facility. This includes any period of incapacity, or any follow-up treatment resulting from the inpatient care.
- b. What is incapacity? Incapacity happens when a person is unable to perform their job functions because of the serious health condition.

2. continuing treatment or supervision by a healthcare provider

- a. What is continuing treatment or supervision? Continuing treatment or supervision by a health care provider must include one or more of the following:
 - i. seven or more days of incapacity, and any treatment or period of incapacity related to the same condition after the initial timeframe a period of incapacity due to medical care related to pregnancy
 - ii. a period of incapacity or treatment for a chronic health condition
 - iii. a permanent or long-term period of incapacity due to treatment that may not be effective
 - iv. a period of absence to receive multiple treatments; this can include any period of recovery from the treatments. You must receive treatments from your healthcare provider, or someone who provides healthcare services that your doctor ordered or referred to to provide treatment.

Definition of a healthcare provider

A healthcare provider is an individual who is licensed, certified, or otherwise authorized under law to practice in the individual's scope of practice as a:

- physician, physician assistant, Doctor of Osteopathic Medicine (D.O.)
- nurse practitioner, advanced practice registered nurse, nurse-midwife
- licensed midwife
- dentist
- optometrist
- chiropractors (limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by X-ray to exist)
- podiatrist
- surgeon
- advanced practice registered nurse
- clinical psychologist, clinical social worker
- an alcohol and drug counselor as defined by the State of Minnesota
- a mental health professional as defined by the State of Minnesota

Any healthcare provider from whom an employer or the employer's group health plan's benefits manager will accept certification of the existence of a serious health condition to substantiate a claim for benefits.

A healthcare provider listed above who practices in a country other than the United States, who is authorized to practice in accordance with the law of that country, and who is performing within the scope of his or her practice as defined under such law.

Christian Science Practitioners listed with the First Church of Christ, Scientist in Boston, Massachusetts.

Any other individual determined by the commissioner by rule, in accordance with the rule-making procedures in the Administrative Procedure Act, to be capable of providing healthcare services.

651-556-7777 or 844-556-0444

Attention: If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

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請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

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Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bibili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

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