



Mashantucket Pequot
Tribal Nation

MASHANTUCKET EMPLOYMENT RIGHTS OFFICE (MERO)

Certification of Health Care Provider for Employee Organ or Bone Marrow Donation

For leave under Title 51, the Mashantucket Pequot Family and Medical Leave Law (MFML Law)

The Mashantucket Pequot Family and Medical Leave Law (MFML Law) provides that an employer may require an employee seeking MFML protections for leave to donate their human organ or bone marrow to another person to submit a medical certification issued by the employee’s health care provider. The employer must give the employee at least 15 calendar days to provide the certification. If the employee fails to provide a complete and sufficient medical certification, their leave request under the MFML Law may be denied. Additional information about the MFML Law may be found at MERO.mptn-nsn.gov.

SECTION I – EMPLOYER OR EMPLOYEE TO COMPLETE

Either the employee or the employer may complete Section I. Use of this form is optional, but this form asks the health care provider for the information necessary for a complete and sufficient medical certification. You may not ask the employee to provide more information than allowed under the MFML Law.

Employers must generally maintain records and documents relating to medical information, medical certifications, recertifications, or medical histories of employees created for MFML Law purposes as confidential medical records in separate files from the usual personnel files and in accordance with the strictest confidentiality requirements of applicable law.

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|---------------------------|---|
| 1.1 EMPLOYEE NAME: | 1.2 DATE CERTIFICATION REQUESTED: |
| 1.3 EMPLOYER NAME: | 1.4 DATE CERTIFICATION MUST BE RETURNED: |

1.5. HAS THE EMPLOYEE REQUESTED LEAVE ON AN INTERMITTENT OR REDUCED SCHEDULE BASIS? YES NO

The employee must be allowed at least 15 calendar days from the date they receive this form to return the certification, unless it is not feasible despite the employee’s diligent, good faith efforts. The employee should contact the employer before the date the certification must be returned if they need additional time to submit a completed certification

SECTION II – HEALTH CARE PROVIDER TO COMPLETE

Please provide your contact information, complete all relevant parts of this Section II, sign the form and return the completed form to your patient. Please type or print legibly to avoid delays in processing your patient’s request.

| | |
|---|------------------------|
| 2.1 HEALTH CARE PROVIDER’S NAME: | |
| 2.2 HEALTH CARE PROVIDER’S BUSINESS ADDRESS: | |
| 2.3 TYPE OF PRACTICE/MEDICAL SPECIALTY: | |
| 2.4 TELEPHONE NUMBER: | 2.5 FAX NUMBER: |
| 2.6 E-MAIL ADDRESS: | |

Information for Health Care Provider

Your patient has requested leave from work under the MFML Law to donate their human organ or bone marrow to another person. The MFML Law allows an employer to require that the employee submit a timely, complete, and sufficient medical certification to support a request for leave under the MFML Law due to the employee’s organ or bone marrow donation.

Limit your response to the human organ or bone marrow donation for which the employee is seeking leave from the employer under the MFML Law. Your answers should be your **best estimate** based upon your medical knowledge, experience, and examination of the patient. Do not provide information about genetic tests, genetic services, or the manifestation of disease or disorder in the employee’s family members.

Please fully and legibly complete Part A, which requests medical information to support the leave request. If the employee is seeking intermittent or reduced schedule leave (see response to Question 1.5 above), please complete Part B, which requests information about the need for leave on an intermittent or reduced schedule basis. An incomplete or insufficient certification may result in your patient’s request for leave being delayed or denied.

PART A: Medical Information

A.1. Is your patient donating a human organ or bone marrow? YES NO

A.1.a. If YES, please indicate the nature of the donation Human Organ Donation Bone Marrow Donation.

A.1.b. If NO, no additional information is needed. Please go to page 2 and sign and date the form.

A.2. State the approximate date of the organ or bone marrow donation: _____ (mm/dd/yyyy)

A.3. Briefly describe any appropriate medical facts related to the organ or bone marrow donation for which the employee seeks leave under the MFML Law: _____

A.4. Due to the organ or bone marrow donation, was or will your patient be **incapacitated for a continuous period of time**, including any time for treatment(s) and/or recovery. YES NO If YES, provide your **best estimate** of the beginning date _____ (mm/dd/yyyy) and end date _____ (mm/dd/yyyy) for the period of incapacity. **“Incapacity”** means the inability to work, attend school, or perform regular daily activities due to the organ or bone marrow donation, treatment related to the organ or bone marrow donation or recovery from the donation.

PART B: Medical Necessity for Intermittent or Reduced Schedule Leave

Please complete the following questions with respect to your patient’s human organ or bone marrow donation if your patient is seeking intermittent or reduced schedule leave (e.g., if the response to Question 1.5 above is YES). 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 coverage under the MFML Law.

B.1. Due to the organ or bone marrow donation, the patient had will have **planned medical evaluations or treatment(s)** (scheduled medical visits) (e.g. pre-donation testing or counseling) on the following date(s):

B.2. Due to the organ or bone marrow donation, it is medically necessary for the employee to work a **reduced schedule**. Provide your **best estimate** of the reduced schedule the employee is able to work. From _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy) the employee is able to work _____ (e.g., 5 hours/day, up to 25 hours a week).

B.3. Due to the organ or bone marrow donation, it was is will be medically necessary for the employee to be absent from work on an **intermittent basis** (periodically), including for any episodes of incapacity i.e., episodic flare-ups. Provide your **best estimate** of how often (frequency) and how long (duration) the episodes of incapacity will likely last. Over the next 6 months, episodes of incapacity are estimated to occur _____ times per day week month and are likely to last approximately _____ hours days per episode.

Signature of Health Care Provider _____ **Date** _____ (mm/dd/yyyy)

DO NOT SEND COMPLETED FORM TO THE MERO. RETURN TO THE PATIENT.