



Mashantucket Pequot  
Tribal Nation

MASHANTUCKET EMPLOYMENT RIGHTS OFFICE (MERO)

**Certification of Health Care Provider for Current Servicemember’s Serious Injury or Illness**

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 eligible employees may take protected leave to care for a covered servicemember with a serious illness or injury. The MFML Law allows an employer to require an employee seeking leave for this purpose to submit a medical certification. The employee must receive **at least 15 calendar days** from their receipt of the form to provide the completed certification. If the employee fails to provide a complete and sufficient certification, their leave request may be denied. Additional information about the MFML Law may be found at [MERO.mptn-nsn.gov](http://MERO.mptn-nsn.gov).

**SECTION I – EMPLOYER OR EMPLOYEE**

Either the employer or the employee 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. Recertifications are not allowed for leave under the MFML Law to care for a covered servicemember.

The employer may not ask the employee to provide more information than allowed under the MFML Law and regulations. Where a medical certification is requested by an employer, an employee may not be held liable for administrative delays in the issuance of military documents, despite the employee’s diligent, good-faith efforts to obtain such documents. An employer requiring an employee to submit a certification for leave to care for a covered servicemember **must** accept as sufficient certification invitational travel orders (ITOs) or invitational travel authorizations (ITAs) issued to a family member to join an injured or ill servicemember at their bedside. An ITO or ITA is sufficient certification for the duration of time specified in the ITO or ITA.

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

EMPLOYEE NAME	DATE CERTIFICATION REQUESTED
EMPLOYER NAME	DATE CERTIFICATION MUST BE RETURNED
EMPLOYEE’S JOB TITLE	EMPLOYEE IDENTIFICATION NUMBER

\*The employee must have at least 15 calendar days from the date they receive the form to return the completed certification. If return of the certification within 15 days is not feasible despite the employee’s diligent, good faith efforts, additional time must be provided.

**SECTION II – EMPLOYEE and/or CURRENT SERVICEMEMBER**

Please complete all relevant parts of this Section II before having the servicemember’s health care provider complete Section III. An employer may require that the employee submit a timely, complete, and sufficient certification to support a request for leave under the MFML Law. If requested by your employer, your response is required to obtain or retain the benefit of protected leave under the Law.

**PART A: EMPLOYEE INFORMATION**

(1) Full name of current servicemember for whom employee is requesting leave (*Please print or type*):

\_\_\_\_\_

(2) Select your relationship to the current servicemember by checking the box(es) that complete the sentence below.

I am the current servicemember’s:

- Spouse** – Partner by marriage or civil union that is legal in the jurisdiction in which it was performed.
- Child (of any age)** – biological, adopted, or foster child, stepchild, TMDC\*, legal ward, or a child to whom the servicemember now stands *in loco parentis*\*\* or to whom the servicemember stood *in loco parentis*\*\* when I was under the age of 18.
- Grandchild** – Related by blood, marriage, my adoption by the servicemember’s child, in foster care with the servicemember’s child, or as a TMDC\* of the servicemember’s child.
- Parent** – Biological parent, adoptive parent, stepparent, parent-in-law, foster parent, or legal guardian, or a

person standing *in loco parentis*\*\* to the servicemember currently or when the servicemember was under the age of 18.

- Grandparent** - Related to the servicemember by blood, marriage, adoption of the servicemember as a minor child by my child, foster care of the servicemember by my child, or the servicemember is a TMDC\* of my child.
- Sibling** – Biological, half, step, adopted or foster-sibling, sibling-in-law, or TMDC\* sibling.
- Next of Kin** - Nearest blood relative not identified above who  the covered servicemember designated in writing;  has legal custody of the covered servicemember;  is an aunt, uncle, cousin or other blood relative.

\***TMDC means Tribal Member Dependent Child** - a person who is not a member of the Mashantucket Pequot Tribal Nation (MPTN) who was in the custody and care of a member of MPTN and resided in the household of the Tribal Member as a member of their family for at least seven (7) years on or before reaching the age of 18.

\*\**In loco parentis* means a relationship in which a person assumes the obligations of a parent to a child, such as the day-to-day responsibilities to care for or financially support a child. No biological or legal relationship is required.

**PART B: SERVICEMEMBER INFORMATION AND CARE TO BE PROVIDED TO THE SERVICEMEMBER**

(1) The servicemember  is  is not a current member of the U.S. Regular Armed Forces, the National Guard or Reserves. If yes, provide the servicemember’s military branch, rank and unit currently assigned to:

(2) The servicemember  is  is not assigned to a military medical treatment facility as an outpatient or to a unit established for the purpose of providing command and control of members of the U.S. Armed Forces receiving medical care as outpatients, such as a medical hold or warrior transition unit. If yes, provide the name of the medical treatment facility or unit:

(3) The servicemember  is  is not on the Temporary Disability Retired List (TDRL).

(4) Briefly describe the care you will provide to the servicemember: *(Check all that apply)*

- Assistance with basic medical, hygienic, nutritional, or safety needs
- Psychological Comfort     Physical Care     Transportation
- Other: \_\_\_\_\_

(5) Give your **best estimate** of the amount of leave needed to provide the care described:

\_\_\_\_\_

(6) If a reduced work schedule is necessary to provide the care described, give your **best estimate** of the

reduced work schedule you are able to work. From \_\_\_\_\_ (mm/dd/yyyy) to

\_\_\_\_\_ (mm/dd/yyyy), I am able to work: \_\_\_\_\_ hours/day \_\_\_\_\_ days/week..

**SECTION III – HEALTH CARE PROVIDER**

Please provide your contact information, complete all relevant parts of this Section III fully and completely, and sign the form below. The employee listed in Section I has requested leave under the MFML Law to care for a family member who is a current member of the U.S. Regular Armed Forces, the National Guard, or the Reserves who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list for a serious injury or illness.

**Note:** For purposes of the MFML Law Military Caregiver Leave, a serious injury or illness is one that was incurred in the line of duty on active duty in the U.S. Armed Forces or that existed before the beginning of the member’s active duty and was aggravated by service in the line of duty on active duty in the U.S. Armed Forces that may render the servicemember medically unfit to perform the duties of the servicemember’s office, grade, rank, or rating.

An eligible employee may take leave under the MFML Law if they are needed to care for the covered servicemember, which includes both physical and psychological care. It includes situations where, for example, due to their serious injury or illness, the servicemember is not able to care for their own basic medical, hygienic, or nutritional needs or safety, or needs transportation to the doctor. It also includes providing psychological comfort and reassurance that would be beneficial to the servicemember who is receiving inpatient or home care.

A complete and sufficient certification to support a request for leave under the MFML Law due to a current servicemember's serious injury or illness includes written documentation confirming that the servicemember's injury or illness was incurred in the line of duty on active duty or if not, that the current servicemember's injury or illness 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 U.S. Armed Forces, and that the current servicemember is undergoing treatment for such injury or illness by a health care provider listed herein. Information about the MFML Law may be found at [MERO.mptn-nsn.gov](http://MERO.mptn-nsn.gov).

**PART A: HEALTH CARE PROVIDER INFORMATION** (Please type or print legibly)

Health Care Provider's Name: \_\_\_\_\_

Health Care Provider's Business Address: \_\_\_\_\_  
 \_\_\_\_\_

Type of Practice/Medical specialty: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Please select the type of health care provider you are:

- DOD health care provider     VA health care provider
- DOD TRICARE network authorized private health care provider
- DOD non-network TRICARE authorized private health care provider
- Health care provider as defined in the MERO's Title 51 regulations, available at [MERO.mptn-nsn.gov](http://MERO.mptn-nsn.gov).

**PART B: MEDICAL INFORMATION**

Please provide appropriate medical information of the patient as requested below. Limit your responses to the servicemember's condition for which the employee is seeking leave. If you are unable to make some of the military-related determinations contained below, you are permitted to rely upon determinations from an authorized DOD representative, such as a DOD recovery care coordinator. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), or genetic services, as defined in 29 C.F.R. § 1635.3(e).

(1) Patient's Name: \_\_\_\_\_

(2) List the approximate date condition started or will start: \_\_\_\_\_ (mm/dd/yyyy)

(3) Provide your **best estimate** of how long the condition will last: \_\_\_\_\_

(4) The servicemember's injury or illness: *(Select as appropriate)*

- Was incurred in the line of duty on active duty.
- Existed before the beginning of the servicemember's active duty and was aggravated by service in the line of duty on active duty.
- None of the above.

(5) The servicemember  is  is not undergoing medical treatment, recuperation, or therapy for this condition.

If yes, briefly describe the medical treatment, recuperation or therapy: \_\_\_\_\_

\_\_\_\_\_

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

**(VSI) Very Seriously Ill/Injured** Illness/Injury is of such 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 health care 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 health care 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 the MFML Law. If such leave is requested, you may be required to complete MERO Form 51-6380 (Certification of Health Care Provider for Family Member’s Serious Health Condition) 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 below. 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 coverage under the MFML Law.

(1) 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.

(2) Due to the condition, it is medically necessary for the servicemember to attend **planned medical treatment** appointments (scheduled medical visits). Provide your **best estimate** of the duration of the treatment(s), including any period(s) of recovery \_\_\_\_\_ (e.g. 3 days/week)

(3) Due to the condition, it is medically necessary for the servicemember to receive care on an **intermittent basis** (periodically), such as the care needed because of episodic flare-ups of the condition or assisting with the servicemember’s recovery. Provide your **best estimate** of how often (frequency) and how long (the duration) the intermittent episodes will likely last.

Over the next six (6) months, intermittent care is estimated to occur \_\_\_\_\_ times per  day  week  month and are likely to last approximately \_\_\_\_\_  hours  days per episode.

**Health Care**

**Provider**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ (mm/dd/yyyy)

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