

Health Care Provider Certification To be filled out by the health care provider.

This certification should be completed by the treating health care provider and returned to the applicant. Information requested is related only to the condition for which the applicant is taking leave.

Applicant's Full Name: (last, first, middle initial)	Applicant's Date of Birth: (MM/DD/YYYY)
Patient's Name (if different than applicant):	Patient's Date of Birth: (MM/DD/YYYY)
<p>Descriptions of serious health conditions that qualify under the Colorado FMLI program are available on page 8. Please check the appropriate category or categories for your leave request.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Inpatient Care <input type="checkbox"/> Conditions requiring multiple treatments <input type="checkbox"/> Continuing treatment by a health care provider </div> <div style="width: 30%;"> <input type="checkbox"/> Chronic condition <input type="checkbox"/> Permanent or long-term condition </div> <div style="width: 30%;"> <input type="checkbox"/> Pregnancy Did the patient have a serious health condition related to pregnancy or childbirth complications? <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div> <p>Describe the medical facts that support your certification and explain how they meet the criteria of the selection(s) above:</p>	
Approximate date condition began and probable duration: From (MM/DD/YYYY) _____ through (MM/DD/YYYY) _____ Probable duration of patient's present incapacity (if different): From (MM/DD/YYYY) _____ through (MM/DD/YYYY) _____	
If this is a chronic condition or pregnancy, is the patient presently incapacitated? (see page 8 for definition) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, duration and frequency of incapacity:	
<p>Will it be necessary for the patient to take leave intermittently or to work on a less than full-time schedule basis because of the condition or treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, duration: Over the next 6 months, episodes of incapacity are estimated to occur _____ times per (<input type="checkbox"/> day / <input type="checkbox"/> week / <input type="checkbox"/> month) and are likely to last approximately _____ per episode.</p> <p>If other, please explain how the applicant will use leave intermittently or work a less-than-full-time schedule. Be specific about the frequency and duration of absences:</p>	
<p>If the patient requires a treatment regimen, describe the treatments, estimated number of treatments, and intervals between treatments. (see page 8 for definition)</p> <p>Does the patient require basic medical or personal needs, safety, or transportation assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, would the applicant's presence to provide psychological comfort benefit the patient's recovery? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the patient needs care only intermittently or on a part-time basis, please indicate the probable duration and frequency of this need:</p>	

Printed Name of Health Care Provider: _____ Date Signed: _____

Signature of Health Care Provider: _____ Type of Practice/Field of Specialization: _____

Health Care Provider's Certification License Number & State: _____ NPI Number (Required if practicing outside of CO): _____

Phone Number: (with area code) _____ Fax Number: (with area code) _____

Definitions

A **Serious Health Condition** is defined as an illness, injury, impairment, pregnancy, recovery from childbirth, or physical/mental condition that involves one of the following:

- **Inpatient Care**

Inpatient care (i.e., overnight stay) means an overnight stay in a hospital, hospice, or residential medical care facility, including any period of incapacity or any subsequent treatment in connection with the overnight stay.

- **Incapacity Plus Treatment**

A period of incapacity of more than three full, consecutive calendar days and any subsequent treatment or period of incapacity relating to the same condition that also involves either:

- Two or more in-person visits to a health care provider for treatment within 30 days of the first day of incapacity unless extenuating circumstances exist. The first visit must be within seven days of the first day of incapacity; or,
- At least one in-person visit to a health care provider for treatment within seven days of the first day of incapacity, which results in a regimen of continuing treatment under the supervision of the health care provider. For example, the health provider might prescribe a course of prescription medication or therapy requiring special equipment.

- **Pregnancy**

Any period of incapacity due to pregnancy, childbirth, or for prenatal care.

- **Chronic Conditions**

Any period of incapacity due to or treatment for a chronic serious health condition, such as diabetes, asthma, migraine headaches. A chronic serious health condition is one which requires visits to a health care provider (or nurse supervised by the provider) at least twice a year and recurs over an extended period of time. A chronic condition may cause episodic incapacity rather than a continuing period of incapacity.

- **Permanent or Long-term Conditions**

A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective, but which requires the continuing supervision of a health care provider, such as Alzheimer's disease or the terminal stages of cancer.

- **Conditions Requiring Multiple Treatments**

Restorative surgery after an accident or other injury; or, a condition that would likely result in a period of incapacity of more than three consecutive, full calendar days if the patient did not receive the treatment.

Neonatal Intensive Care Unit (NICU) means a hospital-based unit designated by the inpatient facility as a neonatal intensive care unit and equipped to provide continuous, specialized medical care for critically ill or medically fragile infants. This definition excludes well-baby nurseries, pediatric intensive care units (PICUs), and any other inpatient setting not classified explicitly by the treating facility as a neonatal intensive care unit, except that this definition does include other intensive care units into which the infant was transferred directly after birth or from the unit classified as a neonatal intensive care unit if the transfer was due to an escalation in the infant's medical needs.

Definitions *Continued*

Neonatal Care Leave means a separate and distinct leave entitlement that provides up to twelve (12) additional weeks of paid family and medical leave benefits to a covered individual who is providing care for their infant receiving inpatient treatment in a neonatal intensive care unit. The leave is available only for the duration that the infant remains admitted to a neonatal intensive care unit. The leave is available for qualifying absences from work on or after January 1, 2026, and neither the fact that an infant was receiving inpatient treatment in a neonatal intensive care unit prior to that date, nor the fact that a covered individual took FMLI leave to care for that infant prior to that date, precludes an award of neonatal care leave. Neonatal care leave may be taken for as much or as little of an individual's regular work schedule as the individual chooses, and the individual's choice may change from day to day or from week to week. Covered individuals must report their neonatal care leave weekly.

Intermittent Leave means leave taken in separate periods of time due to a single qualifying reason, rather than for one continuous period of time.

Continuous Leave means one non-recurring uninterrupted period of leave.