CUNY The City University of New York

FAMILY AND MEDICAL LEAVE ACT (FMLA)
CERTIFICATION FOR SERIOUS INJURY OR ILLNESS OF A VETERAN - MILITARY CAREGIVER LEAVE

FMLA FORM-3 E

SECTION I: FOR COMPLETION BY THE EMPLOYEE AND/OR THE VETERAN FOR WHOM THE EMPLOYEE IS REQUESTING LEAVE
This section must be completed first before submitting it to the Healthcare Provider.

INSTRUCTIONS TO EMPLOYEE AND/OR VETERAN:
The FMLA permits CUNY to require that an employee submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a serious injury or illness of a covered veteran. Your response is required to obtain or retain the benefit of FMLA-protected leave. Failure to do so may result in denial of your FMLA request.

You have at least 15 calendar days to return this form to CUNY.

This form must be returned by

PART A: TO BE COMPLETED BY EMPLOYER

Employer College/Unit | Address

City | State | Zip Code | Tel. | FAX

Name of Employee | Empl. ID | Department

CERTIFICATION OF FAMILY RELATIONSHIP

Name of veteran for whom employee is requesting leave

Relationship of employee to veteran (*Certification of Family Relationship Form or other legal documents attached)*

PART B: VETERAN INFORMATION

Date of veteran's discharge

Was the veteran dishonorably discharged or released from the Armed Forces (including the National Guard or Reserves?) ☐ Yes ☐ No

Please provide the veteran's military branch, rank and unit at the time of discharge

Is the veteran receiving medical treatment, recuperation, or therapy for an injury or illness? ☐ Yes ☐ No

PART C: CARE TO BE PROVIDED TO THE VETERAN

Describe the care to be provided to the veteran and an estimate of the leave needed to provide the care:

FAMILY AND MEDICAL LEAVE ACT (FMLA)
CERTIFICATION FOR SERIOUS INJURY OR ILLNESS OF A VETERAN -
MILITARY CAREGIVER LEAVE

SECTION II

FOR COMPLETION BY A UNITED STATES DEPARTMENT OF DEFENCE (DOD) HEALTH CARE PROVIDER OR A HEALTHCARE PROVIDER WHO IS EITHER : 1) A US DEPT. OF VETERANS AFFAIRS)(VA) HEALTHCARE PROVIDER; 2) A DOD TRICARE NETWORK AUTHORIZED PRIVATE HEALTHCARE PROVIDER; 3) A DOD NON-NETWORK TRICARE AUTHORIZED PRIVATE HEALTHCARE PROVIDER; 4) A HEALTHCARE PROVIDER AS DEFINED IN THE FMLA.

(If you are unable to make certain of the military-related determinations contained below in Part B, you are permitted to rely upon determination from an authorized DOD representative (such as a DOD recovery care coordinator).

INSTRUCTIONS TO THE HEALTHCARE PROVIDER:
The employee listed on Page 1has requested leave under the military caregiver leave provision of the FMLA to care for a family member who is a veteran.

For purposes of FMLA military caregiver leave, a serious injury or illness means an injury or illness incurred by the servicemember in the line of duty on active duty in the 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 Armed Forces) and manifested itself before or after the servicemember became a veteran, and is:

(i) a continuation of a serious injury or illness that was incurred or aggravated when the covered veteran was a member of the Armed Forces and rendered the servicemember unable to perform the duties of the servicemember's office, grade, rank, or rating; or
(ii) a physical or mental condition for which the covered veteran has received the U. S. Department of Veterans Affairs Service Related Disability Rating (VASRD) of 50 percent or greater, and such VASRD rating is based, in whole or in part, on the condition precipitating the need for military caregiver leave; or
(iii) a physical or mental condition that substantially impairs the covered veteran's ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service, or would do so absent treatment; or
(iv) an injury, including a psychological injury, on the basis of which the covered veteran has been enrolled in the Department of Veterans Affairs Program of Comprehensive Assistance for Family Caregivers.

A complete and sufficient certification to support a request for FMLA military caregiver leave due to a covered veteran's serious injury or illness includes written documentation confirming that the veteran's injury or illness was incurred in the line of duty or existed before the beginning of the veteran's active duty and was aggravated by service in the line of duty on active duty, and that the veteran is undergoing treatment, recuperation, or therapy for such injury or illness by a healthcare provider listed above.

Answer, fully and completely, all applicable parts. Several 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 FLMLA coverage. Limit your responses to the veteran's condition for which the employee is seeking leave. Do not provide information about genetic tests or genetic services.

PLEASE PRINT CLEARLY OR TYPE. SIGN THE FORM ON THE LAST PAGE (PAGE 3)

PART A: HEALTHCARE PROVIDER INFORMATION

Health Care Provider's Name _____ Tel.: _____ FAX _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Type of Practice / Medical Speciality

PART B: MEDICAL STATUS

The veteran's medical condition is classified as: *(check appropriate box)*

☐ A continuation of a serious injury or illness that was incurred or aggravated when the covered veteran was a member of the Armed Forces and rendered the servicemember unable to perform the duties of the servicemember's office, grade, rank, or rating

☐ A physical or mental condition for which the covered veteran has received the U. S. Department of Veterans Affairs Service Related Disability Rating (VASRD) of 50 percent or greater, and such VASRD rating is based, in whole or in part, on the condition precipitating the need for military caregiver leave; or a physical or mental condition that substantially impairs the covered veteran's ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service, or would do so absent treatment

☐ a physical or mental condition that substantially impairs the covered veteran's ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service, or would do so absent treatment

☐ An injury, including a psychological injury, on the basis of which the covered veteran has been enrolled in the Department of Veterans Affairs Program of Comprehensive Assistance for Family Caregivers.

☐ None of the above

FAMILY AND MEDICAL LEAVE ACT (FMLA)
CERTIFICATION FOR SERIOUS INJURY OR ILLNESS OF A VETERAN -
MILITARY CAREGIVER LEAVE

Is the veteran being treated for a condition which was incurred or aggravated by service in the line of duty on active duty in the Armed Forces? ☐ Yes ☐ No

Approximate date condition commenced _____

Probable duration of condition and/or need for care

Is the veteran undergoing medical treatment, recuperation, or therapy for this condition? ☐ Yes ☐ No

If yes, please describe the medical treatment, recuperation or therapy:

PART C: VETERAN'S NEED FOR CARE BY FAMILY MEMBER

"Need for care" encompasses both physical and psychological care. It includes situations where, for example, due to his or her serious injury or illness, the veteran is unable to care for his or her own basic medical, hygienic, or nutritional needs or safety, or is unable to transport him or herself to the doctor. It also includes providing psychological comfort and reassurance which would be beneficial to the veteran who is receiving inpatient or home care.

Will the veteran need care for a single continuous period of time, including any time for treatment and recovery? ☐ Yes ☐ No

If yes, estimate the beginning and ending dates for this period of time: _____

Will the veteran require periodic follow-up treatment appointments? ☐ Yes ☐ No

If yes, estimate the treatment schedule:

Is there a medical necessity for the veteran to have periodic care for these follow-up treatment appointments? ☐ Yes ☐ No

Is there a medical necessity for the veteran to have periodic care for other than scheduled follow-up treatment appointments (e.g., episodic flare-ups of medical condition): ☐ Yes ☐ No

If yes, estimate the frequency and duration of periodic care:

SIGNATURE OF HEALTHCARE PROVIDER

Print Name _____ Signature _____

License # _____ Date _____