

CONFIDENTIAL
COLLIER COUNTY SHERIFF'S OFFICE
PHYSICIAN'S STATEMENT FOR FAMILY MEMBER LEAVE

WE ACKNOWLEDGE THAT THE BELOW-NAMED MEMBER (OUR EMPLOYEE) MAY BE ENTITLED TO A TOTAL OF 12 WEEKS OF LEAVE IF HE/SHE QUALIFIES UNDER THE FAMILY AND MEDICAL LEAVE ACT TO CARE FOR A SPOUSE, CHILD, OR PARENT WITH A SERIOUS HEALTH CONDITION. WE, AS HIS/HER EMPLOYER, INTEND TO COMPLY WITH ALL OF THE REQUIREMENTS OF THIS AND ANY OTHER APPLICABLE FEDERAL OR STATE LAW. AT THIS TIME WE ARE SEEKING ONLY MEDICAL INFORMATION PERTAINING TO THE SERIOUSNESS OF THE PATIENT'S MEDICAL CONDITION AND THE SUBSEQUENT NEED FOR ASSISTANCE.

1. Member's (Employee's) Name: _____

2. Patient's Name: _____

3. Member's (employee's) relationship to patient:* _____

**If member is patient's parent or guardian, is patient under 18 years of age? _____ If no, is patient incapable of self-care due to a mental or physical disability? _____.*

4. Does the patient require assistance for basic medical or personal needs, safety, transportation, or psychological comfort which would assist in the patient's recovery? (Please explain) _____

5. Dates of this required leave are as follows:

Beginning Date: _____ Approximate End Date: _____

6. If the patient will need care only intermittently or on a part-time basis, please explain and indicate probable duration: _____

Physician's Name (please print): _____ Telephone: _____

Physician's Signature: _____ Date: _____

Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company or self insured program, files a statement of claim containing false or misleading information is guilty of a felony of the third degree.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. (75 Fed. Reg. 68934)

Revised 01/11

**RETURN TO: Human Resources Division; Collier County Sheriff's Office,
3319 Tamiami Trail East Building. J-1, Naples, FL 34112
Fax: (239) 252-0986 Office Phone: (239) 252-0530**