

**FMLA / DISABILITY FORMS**

TO COMPLETE YOUR FMLA/DISABILITY FORM(S), WE NEED THE FOLLOWING INFORMATION REGARDING YOUR LEAVE.

**PLEASE PRINT CLEARLY AND LEGIBLY.**

PATIENT'S NAME: \_\_\_\_\_

IF THIS FORM IS FOR SOMEONE OTHER THAN THE PATIENT, STATE THEIR NAME AND THEIR RELATIONSHIP TO THE PATIENT. \_\_\_\_\_

YOUR DOCTOR: \_\_\_\_\_

DATE YOU ARE PROVIDING THE FORM: \_\_\_\_\_

HOW MANY WEEKS ARE YOU TAKING? \_\_\_\_\_

**CHECK THE APPROPRIATE BOX THAT APPLIES TO YOUR FORM.**

**OB (PREGNANCY)**

- POST-PARTUM LEAVE  
If you have delivered, what day did you deliver? \_\_\_\_\_  
Did you have a c-section or a vaginal delivery? \_\_\_\_\_
- DOCTOR HAS TAKEN YOU OUT OF WORK EARLY DURING YOUR PREGNANCY.  
State the reason(s) why the doctor has taken you out early. \_\_\_\_\_

**GYN (SURGERY)**

- POST-OPERATIVE RECOVERY  
Are there any special circumstances we need to be aware of? \_\_\_\_\_

**PLEASE BE AWARE THAT FOR MATERNITY LEAVE, WE ONLY AUTHORIZE 6 WEEKS FOR A VAGINAL DELIVERY AND 8 WEEKS FOR A C-SECTION, AS MEDICALLY INCAPACITATED. FOR SPOUSES REQUESTING FMLA FOR THE BIRTH OF THE CHILD, WE AUTHORIZE 2 WEEKS ONLY.**

SHOULD WE HAVE ANY QUESTIONS AND NEED TO SPEAK TO YOU, WHAT IS THE BEST DAYTIME NUMBER YOU CAN BE REACHED AT?  
\_\_\_\_\_

WHEN YOUR FORM HAS BEEN COMPLETED, DO YOU WANT TO:

- PICK-UP THE FORM
- FAX TO: \_\_\_\_\_
- MAIL TO: \_\_\_\_\_

**PLEASE ALLOW THE MINIMUM OF 7 TO 10 BUSINESS DAYS FOR THE FORMS TO BE COMPLETED. THERE WILL BE A \$20 CHARGE FOR EACH FORM FILLED OUT.**