

Family and Medical Leave Act (FMLA) Certification Form
Section B - Completed by the Patient's Health Care Provider

Deanna Jones
First Name Last Name AA Employee # Base

GINA Notice: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law.

Items 7-19 MUST be completed by the treating health care provider to provide American Airlines with a confidential certification of your patient's health conditions. Questions 7-12 correlates with federal FMLA regulations for Serious Health Condition criteria. You must answer YES or NO to each question below. All YES answered questions must be completed in full.

- 7. The patient is/has/will be admitted for an overnight stay in a hospital, hospice or residential medical care facility.
8. The patient is/has/will be incapacitated for more than 3 consecutive calendar days and had an in person visit within seven days of the first day of incapacity and (check one):
9. The patient is pregnant.
10. The patient is/has/will be incapacitated and out of work to receive treatment for a chronic or serious health condition which results in at least two in-person office visits per year and which causes episodic or continuing incapacity (example: asthma, diabetes, epilepsy)
11. The patient is/has/will be incapacitated by a permanent or long term condition for which patient is undergoing continuing treatment or supervision (example: Alzheimer's, severe stroke, terminal stages of a disease)
12. The patient is/has/will be incapacitated and will receive/received multiple treatments for a non-chronic condition (example: chemotherapy, radiation, physical therapy, dialysis)
13. The employee is requesting leave to care for a family member and their presence is necessary to provide physical and/or psychological benefits for your patient.

14. Please describe the medical facts for this condition to substantiate the employee's time away from work. This may include information on symptoms, diagnosis, hospitalization, doctor visits, whether medication has been prescribed, any referrals for evaluation or treatment (physical therapy, for example), or any other regimen of continuing treatment. Please be aware that headaches (other than migraines), and infertility treatment or cosmetic procedures (unless overnight inpatient hospital care or complications develop) are not covered as FMLA.

The patient has headaches and nausea, with occasional vomiting. She notes that these make it difficult to work certain schedules. She notes that working exacerbates her symptoms. She was seen by neurology and diagnosed with chronic migraines. Her past FMLA accommodations worked well for her condition.

14A. Last two office visits if applicable 7/09/2018 01/10/2018

- 15. For chiropractic use only
N/A
The patient is/was treated by manual manipulation of the spine.
Subluxation of the spine has been demonstrated to exist by current or previous x-ray imaging.

Fax completed form to 1-855-709-4903 or mail to: Absence & Return Center, MD 5132, P.O. Box 619616, DFW Airport, TX 75261-9616