

- (b) If any of these treatments will be provided by another provider of health services (e.g., physical therapist), please state the nature of the treatments.
- (c) If a regimen of continuing treatment by the patient is required under your supervision, provide a general description of such regimen (e.g., prescription drugs, physical therapy requiring special equipment):
- 7.(a) If medical leave is required for the employee's absence from work because of the employee's own condition (including absences due to pregnancy or a chronic condition), is the employee unable to perform work of any kind? Yes No
- (b) Is the employee able to perform the essential functions outlined in the attached job description? Yes No
- If no, please list the essential functions the employee is unable to perform:
- (c) If neither (a) nor (b) applies, is it necessary for the employee to be absent from work for treatment?
- 8.(a) If leave is required to care for a family member of the employee with a serious health condition, does the patient require assistance for basic medical or personal needs or safety, or for transportation? Yes No
- (b) If no, would the employee's presence to provide psychological comfort be beneficial to the patient or assist in the patient's recovery? Yes No
- (c) If the patient will need care only intermittently or on a part-time basis, please indicate the probable duration of this need:

When form is complete please mail to: Baylor University
 Compensation & Benefits Office
 One Bear Place #97052
 Waco, Tx 76798

 (Signature of Health Care Provider)

 (Type of Practice)

 (Address)

 (Telephone Number)

 (Date)

To be completed by the employee needing leave to care for a family member:

State the care you will provide and an estimate of the period during which care will be provided, including a schedule if leave is to be taken intermittently or if it will be necessary for you to work less than a full schedule.

(Employee Signature)

(Date)