

Request for Sick Leave Pool For Catastrophic/Life Threatening Condition Health Care Provider Certification

Employee's Name _____

Patient's Name (if different from employee) _____

For Completion by HEALTH CARE PROVIDER

Answer, fully and completely, all applicable parts. 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 "unknown" or "indeterminate" may not be sufficient to determine if Sick Leave Pool criteria is met. **Please be sure to sign the form on the last page.**

Part A: MEDICAL FACTS

Conditions eligible for Sick Leave Pool awards must be considered catastrophic. For purposes of Sick Leave Pool, pregnancy and elective surgery are not considered catastrophic conditions, except when life-threatening complications arise from them.

1. Does the patient's condition qualify under the following? Yes No **If Yes**, check all that apply:

- Result in death if not treated promptly
- Result in the loss of an arm, leg, major appendage if not treated promptly
- Result in the permanent inability to self ambulate if not treated promptly
- Result in the loss or significant limitation of the sense of touch, hearing or sight
- Mental or behavioral health condition causes patient to be incapable of self-care
- Declared a danger to him or herself or others

If No, STOP HERE. The condition(s) does not qualify for an award of Sick Leave Pool. The employee may still qualify for unpaid FMLA or other leave options. The employee should contact Human Resource Services to discuss all other available leave options.

2. Is the condition arising out of the employee's current employment? Yes No

If Yes, STOP HERE. Occupational injuries or illnesses related to current employment are not eligible for an award of Sick Leave Pool. The employee may still qualify for benefits under the workers' compensation program. The employee should contact their manager to report a work-related condition.

3. Catastrophic Condition(s)

a. Primary Diagnosis and Diagnosis Code: _____

b. Secondary Diagnosis and Diagnosis Code: _____

c. Other Diagnoses: _____

4. Approximate date condition(s) commenced and date(s) you treated the patient:

Was the patient recently admitted for an overnight stay in a hospital, hospice, or residential medical facility? Yes No

If yes, dates of admission: _____

5. Is life saving surgery needed? Yes No If Yes, provide surgery date _____ and type of procedure(s):

