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GI Oncology Clinic
Levine Cancer Institute

Date

Medical Certification for Short Term Disability

Patient Name		Birthdate	MRN
Diagnosis		ICD-9	Initial Office Visit
Operation Performed			Operation Date
Date patient first unable to work	Date of return to limited duty	Date of return to full duty	Date of next office visit

- ☐ The patient was seen as an outpatient at Levine Cancer Institute GI Oncology Clinic today
- ☐ The patient is ready to return to work as of _____ (date) without restrictions
- ☐ The patient cannot perform work of any kind at this time. The patient will be re-evaluated at the next office visit.
- ☐ The patient can perform limited work duty with the following restrictions:
- ☐ Limited to sedentary work (sitting, occasional walking, standing, lifting less than 10 lbs.)
 - ☐ Limited to light work (lifting less than 20 lbs.)
 - ☐ Bending
 - ☐ Climbing (stairs____ ladder____)
 - ☐ Continuous walking
 - ☐ Driving of vehicles/equipment
 - ☐ Lifting over ____ lbs.
 - ☐ Prolonged standing
 - ☐ Pulling
 - ☐ Pushing
 - ☐ Squatting
 - ☐ Others

Medical Certification for Family Medical Leave

- ☐ It is necessary for the patient to work only intermittently or at less than a full schedule
- The patient has a "serious health condition" as defined by the Family Medical Leave Act:
- ☐ 1. Hospital Care Inpatient care in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care.
 - ☐ 2. Absence Plus Treatment: A period of incapacity of more than three consecutive calendar days that also involves:
 - ☐ (1) Treatment two or more times by a physician, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a physician; or
 - ☐ (2) Treatment on at least one occasion which results in a regimen of continuing treatment.
 - ☐ Assistance is required from family members for basic medical or personal needs of safety and transportation.

Medical Facts to support Family Medical Leave Certification

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