Certification of Health Care Provider for Employee's Serious Health Condition (Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division

DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT

OMB Control Number: 1235-0003
Expires: 5/31/2018

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 C.F.R. § 1635.9, if the Genetic Information Nondiscrimination Act applies.

Employer name and contact: Max J Meindl

Employee's job title: Emergency Management Specialist Regular work schedule: 40 hour week, 9-5:30

Employee's essential job functions: Emergency Management, recovery services, program delivery manager assisting applicants

with federal grant application for recovery from Hurrican Harvey, office/computer work and field visits/meetings.

Check if job description is attached:

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 20 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form. 29 C.F.R. § 825.305(b).

Your name: Max J Meindl
First Middle Last

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. 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 "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), genetic services, as defined in 29 C.F.R. § 1635.3(e), or the manifestation of disease or disorder in the employee's family members, 29 C.F.R. § 1635.3(b). Please be sure to sign the form on the last page.

Provider's name and business address: Central Texas Heart Center, 2700 E 29th St #330, Bryan, TX 77802, Dr. Fernando Colato

Type of practice / Medical specialty: Cardiology services

Telephone: (979) 774-4008 Fax:(979) 774-7893

PART A: MEDICAL FACTS

1. Approximate date condition commenced: 08/04/2009

Probable duration of condition: _____

Mark below as applicable:
Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?
___No ✔ Yes. If so, dates of admission:

08/04/2009 (stent surgery) 05/27/2013 (stent surgery), pending surgery-

Date(s) you treated the patient for condition:

10/31/2018, 12/17/2018, 12/26/2018

Will the patient need to have treatment visits at least twice per year due to the condition? ___No ___ Yes.

Was medication, other than over-the-counter medication, prescribed? ___No ___Yes.

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?
____No ____Yes. If so, state the nature of such treatments and expected duration of treatment:

_____

2. Is the medical condition pregnancy? ___No ___Yes. If so, expected delivery date: _____

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions.

Is the employee unable to perform any of his/her job functions due to the condition: ____ No ____ Yes.

If so, identify the job functions the employee is unable to perform:

_____

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

Problem: Abnormal cardiovascular function study, R94.30, Active 274525000

Problem: Arteriosclerosis of native coronary artery w/ angina pectoris, I25.119, Active 194828000

Problem: Body mass index (BMI) of 40.0-44.9 in adult, Z68.41, Active 408512008

Problem: Edema, R60.9, Active 79654002

Problem: Arteriosclerosis of native coronary artery w/ angina pectoris

Problem: Abnormal cardiovascular function study (ICD-10 - R94.30)

Arteriosclerosis of native coronary artery w/ angina pectoris: Stress test with apical moderate ischemia.

PART B: AMOUNT OF LEAVE NEEDED

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? ___No ___Yes.

   If so, estimate the beginning and ending dates for the period of incapacity: _____

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? ___No ___Yes.

   If so, are the treatments or the reduced number of hours of work medically necessary? ___No ___Yes.

   Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

   _____

   Estimate the part-time or reduced work schedule the employee needs, if any:

   _____ hour(s) per day; _____ days per week from _____ through _____

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? ____No ✔Yes.

   Is it medically necessary for the employee to be absent from work during the flare-ups? ____ No ✔Yes. If so, explain:

   _____

   _____

   Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency : _____ times per _____ week(s) _____ month(s)

Duration: _____ hours or ___ day(s) per episode

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.

He has an old LAD and RCA stents. Will further risk stratify with a LHC. We spoke about LHC. Risks include but not limited to: death, stroke, MI, need for emergency surgery, need for transfusion, groin hematoma, retroperitoneal bleed, anemia, infection. All questions were answered. Patient agrees to proceed with the above procedure. We spoke about possible PCI. Risks include but not limited to:Stroke, death, vessel dissection, perforation, need for emergency surgery, failed intervention, need for repeat procedure, restenosis & acute stent thrombosis. All questions were answered. Pt agrees to proceed w/

procedure. DES if needed. Right radial access.

Abnormal cardiovascular function study Apical ischemia.

Arteriosclerosis of native coronary artery w/ angina pectoris I25.119 ; Abnormal cardiovascular function study R94.30 ; Morbid (severe) obesity due to excess calories E66.01 and Body mass index (BMI) of 40.0-44.9 in adult Z68.41

Signature of Health Care Provider **Date**

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.**

Important: Please note only data that has clinical mapping will be shared/transmitted.
This health record is for date range : 01/01/2018 to 01/01/2019
Please note that below sections represents the most current data on record and are not specific to the date range: Demographics, Smoking Status, Problems, Medications, Allergies, Immunizations, Health Concerns, and UDI.

Patient Details

Patient name	Contact info	Patient IDs	Sex
Max Meindl	5 E AUSTIN ST BELLVILLE, TX 77418-2201, US	**149178** **149178**	Male
June 21, 1951	tel:832-293-3671		

LANGUAGE	RACE	ETHNICITY
English		

Performer	FERNANDO COLATO
Contact Info	2700 E 29th Street BRYAN, TX 778022586 Tel: 979-774-4008
Performer	Provider Migration
Contact Info	

PROBLEMS

Type	Condition	ICD9-CM Code	ICD10-CM Code	Onset Dates	Condition Status	SNOMED Code
Problem	Morbid (severe) obesity due to excess calories		E66.01		Active	83911000119104
Problem	Abnormal cardiovascular function study		R94.30		Active	274525000
Problem	Arteriosclerosis of native coronary artery w/ angina pectoris		I25.119		Active	194828000
Problem	Body mass index (BMI) of 40.0-44.9 in adult		Z68.41		Active	408512008

Problem	Edema		R60.9		Active	79654002

ALLERGIES

Allergen (clinical drug ingredient)	Drug/Non Drug Allergy documented on EMR	Reaction	Allergy Type	Onset Date	Status
	IODINE AND IODIDE CONTAINING PRODUCTS	Rash	Non Drug Allergy		Active
Lisinopril	LISINOPRIL(NDC Code:00143-9713-01)	Cough	Drug Allergy		Active

ENCOUNTERS From 2018-01-01 To 2019-01-01

Encounter	Location	Date	Provider	Diagnosis
CENTRAL TEXAS HEART CENTER PLLC	2700 E 29th Street Ste 220, 235 & 330 BRYAN, TX 778022586	26 Dec, 2018	FERNANDO COLATO	Arteriosclerosis of native coronary artery w/ angina pectoris I25.119 ; Abnormal cardiovascular function study R94.30 ; Morbid (severe) obesity due to excess calories E66.01 and Body mass index (BMI) of 40.0-44.9 in adult Z68.41
CENTRAL TEXAS HEART CENTER PLLC	2700 E 29th Street Ste 220, 235 & 330 BRYAN, TX 778022586	26 Dec, 2018	FERNANDO COLATO	Arteriosclerosis of native coronary artery w/ angina pectoris I25.119
CENTRAL TEXAS HEART CENTER PLLC	2700 E 29th Street Ste 220, 235 & 330 BRYAN, TX 778022586	17 Dec, 2018	FERNANDO COLATO	Arteriosclerosis of native coronary artery w/ angina pectoris I25.119
CENTRAL TEXAS HEART CENTER PLLC	2700 E 29th Street Ste 220, 235 & 330 BRYAN, TX 778022586	09 Dec, 2018	Provider Migration	
CENTRAL TEXAS HEART CENTER PLLC	2700 E 29th Street Ste 220, 235 & 330 BRYAN, TX 778022586	08 Dec, 2018	Provider Migration	
	235 W Palm St	31		

BELLVILLE CTHC	BELLVILLE, TX 774181372	Oct, 2018	FERNANDO COLATO

IMMUNIZATIONS

No Information

SOCIAL HISTORY

Tobacco Use:

Social History Observation	Description	Date
Details (start date - stop date)	Current Smoker	

Sex Assigned At Birth:

Social History Observation	Description
Sex Assigned At Birth	Unknown

Tobacco Use/Smoking

Question	Answer	Notes
Are you a	current smoker	

REASON FOR REFERRAL From 2018-01-01 To 2019-01-01 16:11:10

Reason	PET
AuthType	PET
Diagnosis	Arteriosclerosis of native coronary artery w/ angina pectoris
Referral Organization	CENTRAL TEXAS HEART CENTER PLLC
Referring Provider First Name	FERNANDO
Referring Provider Last Name	COLATO
Referring Provider Specialty	Cardiology
Referring Provider Phone	979-774-4008
Referring Provider email	fcolato@centraltexasheart.com
Referred Organization	CENTRAL TEXAS HEART CENTER PLLC
Referred Provider	COLATO, FERNANDO JOSE

Referred Address	2700 E 29th Street,Ste 220, 235 & 330,BRYAN,TX,778022586
Referred Provider Specialty	Cardiology

VITAL SIGNS From 2018-01-01 To 2019-01-01

Heart Rate	88 /min	26 Dec, 2018
Heart Rate	76 /min	31 Oct, 2018
Weight	329.8 lbs	26 Dec, 2018
Weight	330.80 lbs	31 Oct, 2018
Height	5'10" in	26 Dec, 2018
Height	70.00 in	31 Oct, 2018
BMI	47.32 kg/m2	26 Dec, 2018
BMI	47.46 kg/m2	31 Oct, 2018
Respiratory Rate	0 /min	31 Oct, 2018
Oximetry	0 %	31 Oct, 2018
Temperature	0.00 degrees Fahrenheit	31 Oct, 2018
Head Circumference	0.00 in	31 Oct, 2018
Blood pressure systolic	130 mm Hg	26 Dec, 2018
Blood pressure diastolic	60 mm Hg	26 Dec, 2018

MEDICATIONS

Medication	SIG (Take, Route, Frequency, Duration)	Start Date	End Date	Status
Potassium Chloride ER 10 MEQ	take 1 tablet by oral route every day with food ORAL			Active
Furosemide 20 MG	take 1 tablet by oral route 2 times every day ORAL			Active
hydrochlorothiazide 25 mg tablet 25 MG	take 1 tablet by oral route every day ORAL			Active
Losartan Potassium 100 MG	take 1 tablet by oral route every day ORAL			Active

PrediSONE 50 MG	1 tablet Orally twice a day for 4 days			Active
Isosorbide Mononitrate ER 60 MG	take 1 tablet by oral route every day in the morning ORAL			Active
Metoprolol Succinate ER 50 MG	take 1 tablet by oral route every day ORAL			Active
Omega-3 350 mg-235 mg-90 mg-597 mg	ORAL			Active
atorvastatin 80 mg tablet 80 MG	take 1 tablet by oral route every day ORAL			Active
Clopidogrel Bisulfate 75 MG	take 1 tablet by oral route every day ORAL			Active
Aspirin 81 MG	take 150 mg tablet by oral route every day ORAL			Active

PROCEDURES

No Information

RESULTS

No Results

REASON FOR VISIT

No Information

Goals Section

No Information

Health Concerns

No Information

MEDICAL EQUIPMENT

No Information

MENTAL STATUS

No Information

FUNCTIONAL STATUS

No Information

ASSESSMENTS

Encounter Date	Diagnosis
26 Dec, 2018	Body mass index (BMI) of 40.0-44.9 in adult (ICD-10 - Z68.41)
26 Dec, 2018	Arteriosclerosis of native coronary artery w/ angina pectoris (ICD-10 - I25.119)
17 Dec, 2018	Arteriosclerosis of native coronary artery w/ angina pectoris (ICD-10 - I25.119)
26 Dec, 2018	Arteriosclerosis of native coronary artery w/ angina pectoris (ICD-10 - I25.119)
26 Dec, 2018	Abnormal cardiovascular function study (ICD-10 - R94.30)
26 Dec, 2018	Morbid (severe) obesity due to excess calories (ICD-10 - E66.01)

PLAN OF TREATMENT

Medication

Medication Name	Sig	Start Date	Stop Date
PredniSONE 50 MG	1 tablet Orally twice a day for 4 days		

Treatment Notes

Assessment	Notes
Arteriosclerosis of native coronary artery w/ angina pectoris	Stress test with apical moderate ischemia. He has an old LAD and RCA stents. Will further risk stratify with a LHC. We spoke about LHC. Risks include but not limited to: death, stroke, MI, need for emergency surgery, need for transfusion, groin hematoma, retroperitoneal bleed, anemia, infection. All questions were answered. Patient agrees to proceed with the above procedure. We spoke about possible PCI. Risks include but not limited to:Stroke, death, vessel dissection, perforation, need for emergency surgery, failed intervention, need for repeat procedure, restenosis & acute stent thrombosis. All questions were answered. Pt agrees to proceed w/ procedure. DES if needed. Right radial access.
Abnormal	

cardiovascular function study	Apical ischemia.

Referrals

Referral Date	Details
	PET, FERNANDO COLATO, 2700 E 29th Street, BRYAN, TX, 778022586, 979-774-4008

Care Team

Guardian	Max Meindl
Contact info	5 E AUSTIN ST BELLVILLE, TX 77418-2201, US Tel: 832-293-3671