

Medical Certification Serious Health Condition

Washington
Paid Family & Medical Leave
Employment Security Department

Use this form for:

- Medical leave due to your own serious health condition

Patient information

Complete the patient information section, then have your healthcare provider complete and sign the certification.

Patient's name: Masato Hagiwara

Patient's date of birth: 5 / 12 / 1982

Paid Leave Customer ID number (if known):

Healthcare provider's certification

To be completed and signed by an authorized healthcare provider.

- All sections are required unless otherwise noted. Incomplete forms may delay your patient's eligibility for benefits.

Briefly describe the serious health condition. Your answers should be your best estimate based on your medical knowledge, experience, and examination of the patient. Patient was diagnosed with a serious health condition and is receiving treatment for it. Due to patient's diagnosis and treatment, she experiences symptoms like, but not limited to, fatigue, bowel disruption, loss of appetite, weight changes, cancer related pain, headaches and a high risk for infection due to immunosuppression.

Patient unable to perform all job functions while experiencing prohibitive symptoms of their disease and side effects of its treatment or while attending medical appointments

Provide the start and end dates for the leave needed due to the serious health condition described above.

Give specific dates. Terms such as "unknown" or "indeterminate" won't be sufficient to determine Paid Leave eligibility.

Start date: 04 / 01 / 23

End date: 09 / 30 / 23

Healthcare provider's information and signature

I declare under penalty of perjury that the information provided in this form is true and correct, that the patient's condition meets the definition of "serious health condition," and that I am a healthcare provider authorized to certify their condition (RCW 50A.05.010; WAC 192-500-090).

Signature:



Date: 3 / 30 / 2023

Name and title:

Smitha Menon, MD

Certificate license number and state (optional):

Type of practice/Specialty:

Medical Oncology

Phone:

206-606-1243

Email address:

Business name and address:

Fred Hutchinson Cancer Center- 825 Eastlake Ave E, Seattle, WA 98109

Upload completed form to your Paid Leave account.

If you do not have an account, include the form with your benefit application or fax to 833-535-2273.