

## **Family Leave Condition Qualification Sheet**

A “Serious Health Condition” means an illness, injury impairment, or physical or mental condition that involves one of the following:

1. **Hospital Care:**

**Inpatient care** (i.e. an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with consequent to such inpatient care.

2. **Absence Plus Treatment:**

(a) A period of incapacity<sup>2</sup> of **more than three consecutive calendar days** (including any subsequent treatment or incapacity<sup>2</sup> relating to the same condition), that also involves:

- **Treatment<sup>3</sup> two or more times** by a health care provider, 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 health care provider; or
- **Treatment<sup>3</sup> by, a health care provider on at least one occasion** which results in a **regimen of continuing treatment<sup>4</sup>** under the supervision of the health care provider.

3. **Pregnancy:**

Any period of incapacity due to **pregnancy**, or for **prenatal care**.

4. **Chronic Conditions Requiring Treatments:**

**A Chronic condition** which:

- Requires **periodic visits** for treatment by a health care provider, or by a nurse or physician’s assistant under direct supervision of a health care provider;
- Continues over an **extended period of time**( including recurring episodes of single underlying condition); and
- May cause **episodic** rather than a continuing period of incapacity<sup>2</sup> (e.g., asthma, diabetes, epilepsy, etc.)

5. **Permanent/Long-term Conditions Requiring Supervision**

A period of incapacity<sup>2</sup> which is **permanent or long-term** due to conditions for which treatment may not be effective. The employee or family member must be **under the continuing supervision of, but need not be receiving active treatment by, a health care provider**. Examples include Alzheimer’s, a severe stroke, or the terminal stages of a disease.

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### **Definitions:**

<sup>2</sup>= **Incapacity**, for purposes of FMLA, is defined to mean inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefor, or recovery therefrom.

<sup>3</sup>= **Treatment** includes examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does not include routine physical examinations, eye examinations, or dental examinations.

<sup>4</sup>= A regimen of continuing treatment includes, for example, a course of prescription medication (e.g. an antibiotic) or therapy requiring special equipment to resolve or alleviate the health conditions. A regimen of treatment does not include the taking of over-the-counter medication such as aspirin, antihistamines, or ointment; or bed-rest, drinking fluids, exercise, and other similar activities that can be initiated without a visit to a healthcare provider.

***EAST PENN manufacturing co., inc.***

**EAST PENN POLICIES AND PROCEDURES MANUAL**

Revision No.: 1

Effective Date: 5-3-04

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Change # 1480

Approved By: Robert D. Harrop

Document No.: EPPM\PERS\SEC1\10B.DOC

**Record of Revisions**

Revision #	Revision Date	Description
1	11-10-11	Change Number 1480 updated header and footer information

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