Yale

Faculty Short-Term Medical Disability Request
Medical Provider's Certification of Medical Incapacity

Instructions:

This form should be completed by the attending physician or licensed health care provider* to certify that time off from work is medically necessary for the Yale faculty employee, based on the provider's professional assessment. Questions about this form? Please contact:

- Faculty in the School of Medicine: ysmacademic@yale.edu
- All other faculty: faculty.admin@yale.edu

Patient Information:

First Name	Last Name	Date of Birth

Health Care Provider Information:

Health Care Provider's Name			
Business Address	City	State	Zip Code
Type of Medical Practice / Medical Specialty	Email	Telephone	

Certification of Medical Incapacity:

Period of Incapacity Start Date	Period of Incapacity End Date
Is incapacity due to pregnancy/childbirth? ☐ Yes ☐ No Estimated Due Date:	
Frequency of time off: ☐ Continuous ☐ Intermittent ☐ Reduced Schedule	
Hours-off needed based on 40-hour work week:	Additional accommodations/restrictions (if applicable)

☐ Based on my medical expertise, I certify that the patient is unable to perform essential functions of their job, and a short-term medical disability leave is necessary for the date period indicated above.

Signature of Health Care Provider: _____ Date: _____

*Health Care Provider is defined in accordance with the Family and Medical Leave Act (FMLA) definition.

Please note that medical incapacity related to childbirth may qualify for Short-Term Medical Disability. Other childbirth / adoption / child rearing leaves may also be available to faculty; please refer to the Yale Faculty Handbook for more details.