

Personal information you provide may be used for secondary purposes. See Section 15.04 (1) (m), Wisconsin Statutes for details.

Dear Physician or Practitioner:

To assist in establishing leave entitlements under Wisconsin's Family and Medical Leave Law (Section 103.10, Wisconsin Statutes) please answer the questions checked below and return this certification to Employer.

Employer Information

Employer Name	Street Address	City	State	Zip Code
Marquette University	915 W. Wisconsin Avenue, Human Res., Room 185	Milwaukee	Wisconsin	53233

Employee / Patient Name

Employee Name _____ Patient Name (if not employee) _____

Information Requested

(Employer, please check the appropriate box(es) below identifying the information you need from the physician or practitioner.)

Does _____ have a serious health condition? Yes No
Note: Wisconsin's Family and Medical Leave Law (Section 103.01 Wisconsin Statutes) defines a **serious health condition** as a disabling physical or mental illness, injury, impairment or condition involving either inpatient care in a hospital, or outpatient care that requires continuing treatment or supervision by a health care provider.

What date did the condition begin? _____

What is the probable duration of the condition? _____

Diagnosis regarding the serious health condition: _____

Please indicate the extent to which the employee is unable to perform his or her employment duties: _____

Physician / Practitioner Information

Physician / Practitioner Printed Name: _____

Physician / Practitioner's Signature: _____ Date Signed: _____