



HEALTHY ARIZONA WORKSITES
PROGRAM (HAWP) PRESENTS:

AUTOIMMUNE DISEASE - BASIC IMMUNOLOGY AND WORKPLACE IMPLICATIONS



Presented by:

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HEALTHYAZWORKSITES.ORG



WEBINAR HOUSEKEEPING

WELCOME

All lines have been muted.

Please type any questions into the chat or Questions panel and we will do our best to answer them all at the end.

All handouts and a copy of the presentation slides are available in the Handouts panel.

Please complete the survey that will be emailed out after the presentation

A recording will be added to the library of HAWP webinars on our website within 48 hours.

Special thanks to our supporting partner the Dignity Health for their generous support in making this webinar possible.

Goals and Objectives

- Understanding the role of the immune system
- Describe common Autoimmune Disorders
- Identify functional work and life limitations in patients with specific Autoimmune Disorders
- Understand the need for reasonable accommodations in autoimmune disorders

Immune System - Overview

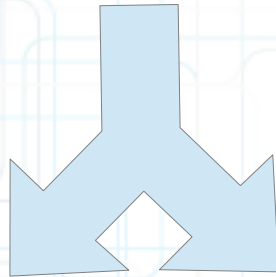
- The “Immune System” encompasses ALL mechanisms used by the body to defend against any environmental agents that are foreign to that body
- The Immune System must be able to discriminate precisely between “own” and harmful “foreign” elements, but also to spare organisms that are comensal to the host (ie bacteria and fungi inhabiting the gut, skin, respiratory tract)

Immune System - Functions

- Recognize the presence of infection
- Contain / eliminate the infection
- Limit damage to own / host tissues
- Generate immunological memory

Immune System - Overview

Immune System



Innate

- first line barrier
- rapid response
- inherited parent to child
- ancient mechanism
- shared with other vertebrates

Adaptive

- via antibodies & lymphocytes
- slow response
- specific to each infection
- generates memory
- responds to new agents

Autoimmunity - Autoreactivity

- Pathologic state in which the control mechanisms that regulate the Immune System pathways fail, and the immune response will cause damage to the host
- Damage can be generalized (Systemic Lupus, Vasculitis) or tissue/organ specific (Autoimmune Thyroiditis, Multiple Sclerosis)

Autoimmune disorders

- Rheumatoid Arthritis
 - Systemic Lupus Erythematosus
 - Sjogren's Syndrome
 - Psoriatic Arthritis
 - Celiac Disease
 - Sarcoidosis
 - Gout
 - Multiple Sclerosis
- Overall prevalence of all autoimmune disorders in US estimated at 3% (10 million people)

Rheumatoid Arthritis

- Chronic autoimmune disease affecting preferentially the small joints
- Prevalence in US 0.5-1%
- F:M 3:1

• Myasoedova E, Crowson CS, Kremers HM, et al. Is the incidence of rheumatoid arthritis rising?: results from Olmsted County, Minnesota, 1955-2007. *Arthritis Rheum* 2010; 62:1576.

• Hunter TM, Boytsov NN, Zhang X, et al. Prevalence of rheumatoid arthritis in the United States adult population in healthcare claims databases, 2004-2014. *Rheumatol Int* 2017; 37:1551.

• Del Puente A, Knowler WC, Pettitt DJ, Bennett PH. High incidence and prevalence of rheumatoid arthritis in Pima Indians. *Am J Epidemiol* 1989; 129:1170.

Rheumatoid Arthritis



Rheumatoid Arthritis

- Lower physical and mental health-related quality of life compared with the general population
- Up to 25 percent of patients with RA will have a joint replacement in the 20 years after disease onset
- RA increases the risk of many chronic diseases including cardiovascular disease, lung diseases, psychiatric disorders, osteoporosis and fractures and some malignancies.
- Premature mortality – survival is reduced in RA compared with the general population, with cardiovascular disease, respiratory disease, and cancer being the leading causes of death in RA

Rheumatoid Arthritis

Physical and work disability – near-universal reporting of difficulty with valued life activities. Nearly 40 percent of patients with RA will have work disability within 10 years of diagnosis.

Followed over time, RA patients have at least a 236% higher relative prevalence of functional disability compared to age-matched controls without the condition.

The estimated work days lost per patient ranges from 13.7 days per year to 20.3 days per year.

Gunnarsson C, Chen J, Rizzo JA, Ladapo JA, Naim A, Lofland JH. The Employee Absenteeism Costs of Rheumatoid Arthritis: Evidence From US National Survey Data. *J Occup Environ Med.* 2015;57(6).

Myasoedova E, Davis JM, Achenbach SJ, Matteson EL, Crowson CS. RISING PREVALENCE OF FUNCTIONAL DISABILITY IN PATIENTS WITH RHEUMATOID ARTHRITIS OVER 20 YEARS. *Ann Rheum Dis.* 2018;77:54–54.

Strand V, Tundia N, Song Y, Macaulay D, Fuldeore M. Economic Burden of Patients with Inadequate Response to Targeted Immunomodulators for Rheumatoid Arthritis. *Journal of managed care & specialty pharmacy.* 2018;24(4)

Rheumatoid Arthritis

- Work and life functional limitations:
 - Joints
 - Mobility
 - Treatment related limitations (cardiac / vascular / pulmonary, gastrointestinal, renal, infectious)

Rheumatoid Arthritis

- Frequent need for adaptive devices for activities of daily living:



Rheumatoid Arthritis

- Frequent need for adaptive devices for work:



Systemic Lupus Erythematosus

- Chronic autoimmune disease that can affect any organ system
- Relapsing and remitting course
- Rashes, photosensitivity, mouth ulcers, arthritis, serositis, kidney, brain and hematological involvement
- Prevalence in US 0.1%
- F:M 10:1

Systemic Lupus Erythematosus



Figure 11-10 The Immune System, 2/e (© Garland Science 2005)



Systemic Lupus Erythematosus

- Work and life functional limitations are highly dependent of the organ systems involved in SLE
 - Skin
 - Joints
 - Blood
 - Kidney
 - Neurological
 - Cardiac / Vascular
 - Pulmonary
 - Gastrointestinal
 - Treatment related (infections, bone disease)

Sjogren's Syndrome

- multisystem autoimmune disease characterized by glandular and extraglandular inflammation
- Prevalence in US 0.1%
- F:M 9:1

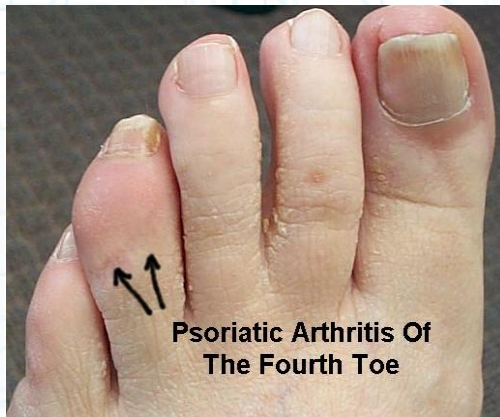
Sjogren's Syndrome

- Work and life functional limitations:
 - Work/home environment
 - Pregnancy considerations
 - General anesthesia

Psoriatic Arthritis / Psoriasis

- Chronic autoimmune inflammatory disease affecting the joints, tendons and skin
- Prevalence in US 0.1-0.2%
- F:M 1:1

Psoriatic Arthritis / Psoriasis



Psoriatic Arthritis / Psoriasis

- In addition to the expected work and life functional limitations related to joint and skin disease, psychiatric disease is more common than in the general population (particularly prevalent are depression and anxiety)
- Occupational success may also be inhibited by psoriasis. Lower rates of employment and decreased work productivity have been linked to psoriasis

• Rapp SR, Feldman SR, Exum ML, et al. Psoriasis causes as much disability as other major medical diseases. *J Am Acad Dermatol* 1999; 41:401.

• Wu Y, Mills D, Bala M. Impact of psoriasis on patients' work and productivity: a retrospective, matched case-control analysis. *Am J Clin Dermatol* 2009; 10:407.

• Chan B, Hales B, Shear N, et al. Work-related lost productivity and its economic impact on Canadian patients with moderate to severe psoriasis. *J Cutan Med Surg* 2009; 13:192.

• Pearce DJ, Singh S, Balkrishnan R, et al. The negative impact of psoriasis on the workplace. *J Dermatolog Treat* 2006; 17:24

Celiac disease

- Immune-mediated, inflammatory disease of the small intestine triggered by an environmental agent (the gluten component of wheat and related cereals) in genetically predisposed individuals
- Prevalence in US 1%

Celiac disease

- Work and life functional limitations:
 - Malabsorption, weight loss
 - Osteoporosis
 - Psychosocial factors

Gout

- Inflammatory disease caused by an amplified immune system reaction to the presence of MSU crystals in joints, bones, and soft tissues
- Prevalence in US 3+%
- F:M 1:3
- 850,000 hospitalizations in 2013 had a diagnosis of gout, representing 2.9% of hospitals visits for any diagnoses.

Gout



Gout

- Work and life functional limitations:
 - Musculoskeletal
 - Skin
 - Treatment related limitations

Multiple Sclerosis

- Most common immune-mediated demyelinating disease of the central nervous system
- Prevalence in US 0.15%
- F:M 2:1

Multiple Sclerosis

- Work and life functional limitations:
 - Mobility limitations (90% at 10 years)
 - Bladder dysfunction
 - Visual loss
 - Treatment related limitations
- Most frequent cause of permanent disability in young adults, aside from trauma

Additional diseases

Osteoarthritis:

- Widely recognized as the most common form of arthritis, and a major cause of pain and disability among US adults
- Prevalence in US 32.5 million (14% of US adults)
- F:M 2:1

Fibromyalgia

- Chronic musculoskeletal pain
- Prevalence in US 4-10 million
- F:M 10:1

Limitations, Impairment, Disability related to Autoimmune Disorders

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THE BURDEN OF
MUSCULOSKELETAL
DISEASES IN THE UNITED STATES



PREVALENCE, SOCIETAL AND ECONOMIC COST

MUSCULOSKELETAL DISEASES ACCOUNT FOR MORE THAN 50% OF DISABLING HEALTH CONDITIONS REPORTED BY ADULTS.

Limitations, Impairment, Disability related to Autoimmune Disorders

- No single definition for “disability” because people with disabilities are not a homogenous group
- "An alteration of an individual's capacity to meet personal, social or occupational demands or statutory or regulatory requirements because of an impairment." [1]
- "Activity limitations and/or participation restrictions in an individual with a health condition disorder or disease." [2]
- "The inability to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment(s), which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months." [3]
- A physical or mental impairment that substantially limits 1 or more major life activities; has a record of such an impairment; or is regarded as having such an impairment. [4]
- A restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being. [5]

1. Cocchiarella, L, Anderson, GBJ. Guides to the Evaluation of Permanent Impairment, 5th Ed, American Medical Association 2001. p.565.
2. Rondinelli, R. Medical Editor AMA Guides to the Evaluation of Permanent Impairment, Sixth Ed, 2007.
3. SSA Pub. No. 64-039 ICN 468600 September 2008 Disability Evaluation Under Social Security (Blue Book-September 2008).
4. What is the ADA: Definition of Disability: www.adata.org/whatsada-definition.aspx.
5. World Health Organization. International Classification of Impairments, Disability and Health. Geneva, Switzerland 2001.

Limitations, Impairment, Disability related to Autoimmune Disorders

•Impairment ≠ Disability

- Impairment is a disorder that causes alteration of body structure or function.
- Disability refers to an impairment-related limitation in the ability to perform a specific activity.

Limitations, Impairment, Disability related to Autoimmune Disorders

- In 2015, 13 percent of noninstitutionalized US adults reported any disability
- Rates of disability increase with age; 35.5 percent of individuals ≥ 65 years report disability, compared with 15.7 percent of individuals 18 to 44 years
- The top three conditions causing self-reported disability were arthritis, back or spine problems, and heart conditions

• Houtenville A, Boege S. 2018 Annual report on people with disabilities in America. Institute on Disability, University of New Hampshire. Available at: https://disabilitycompendium.org/sites/default/files/useruploads/Annual_Report_2018_Accessible_AdobeReaderFriendly.pdf).

• Brault M. Americans with Disabilities: 2005. U.S. Census Bureau; Washington, DC 2008.

• Altman B, Bernstein A. Disability and Health in the United States, 2001-2005. National Center for Health Statistics; Hyattsville, MD 2008.

• Centers for Disease Control and Prevention (CDC). Public health and aging: projected prevalence of self-reported arthritis or chronic joint symptoms among persons aged >65 years--United States, 2005-2030. MMWR Morb Mortal Wkly Rep 2003; 52:489.

Limitations, Impairment, Disability related to Autoimmune Disorders

- Disability evaluation process – its accuracy significantly affects the wellbeing of both patients and society
 - Treating clinician - most in-depth and longitudinal knowledge of the patient's conditions and function, but opinion could be biased
 - Consulting clinician (independent medical examiner) - no doctor-patient relationship
- Goals:
 - Define medical problems or impairments
 - Identify specific functional limitations and restrictions
 - Establish severity (partial or total)
 - Establish duration/timeframe (temporary or permanent)

Limitations, Impairment, Disability related to Autoimmune Disorders

.SSA Disability evaluation process –
<https://www.ssa.gov/disability/professionals/bluebook/>



Social Security

SEARCH MENU LANGUAGES SIGN IN/UP

Medical/Professional Relations

[Adult Listings \(Part A\)](#)

[Childhood Listings \(Part B\)](#)

[General Information](#)

[Evidentiary Requirements](#)

[Listing of Impairments \(overview\)](#)

[Disability Claims Process Video Series](#)

[Revisions to Rules Regarding the Evaluation of Medical Evidence](#)

Disability Evaluation Under Social Security

Listing of Impairments - Adult Listings (Part A)

The following sections contain medical criteria that apply to the evaluation of impairments in adults age 18 and over and that may apply to the evaluation of impairments in children under age 18 if the disease processes have a similar effect on adults and younger children.

1.00 Musculoskeletal Disorders	2.00 Special Senses and Speech	3.00 Respiratory Disorders
4.00 Cardiovascular System	5.00 Digestive System	6.00 Genitourinary Disorders
7.00 Hematological Disorders	8.00 Skin Disorders	9.00 Endocrine Disorders
10.00 Congenital Disorders that Affect Multiple Body Systems	11.00 Neurological Disorders	12.00 Mental Disorders
13.00 Cancer (Malignant Neoplastic Diseases)	14.00 Immune System Disorders	

Limitations, Impairment, Disability related to Autoimmune Disorders

14.09 Inflammatory arthritis. As described in 14.00D6. With:

A. Persistent inflammation or persistent deformity of:

1. One or more major peripheral joints in a lower extremity (see 14.00C8) and medical documentation of at least *one* of the following:

- a. A documented medical need (see 14.00C6) for a walker, bilateral canes, or bilateral crutches (see 1.00C6d) or a wheeled and seated mobility device involving the use of both hands (see 1.00C6e(i)); or
- b. An inability to use *one* upper extremity to independently initiate, sustain, and complete work-related activities involving fine and gross movements (see 14.00C7), and a documented medical need (see 14.00C6) for a one-handed, hand-held assistive device (see 1.00C6d) that requires the use of the other upper extremity or a wheeled and seated mobility device involving the use of one hand (see 1.00C6e(ii)); or

2. One or more major peripheral joints in each upper extremity (see 14.00C8) and medical documentation of an inability to use *both* upper extremities to the extent that neither can be used to independently initiate, sustain, and complete work-related activities involving fine and gross movements (see 14.00C7).

OR

B. Inflammation or deformity in one or more major joints of an upper or a lower extremity (see 14.00C8) with:

1. Involvement of two or more organs/body systems with one of the organs/body systems involved to at least a moderate level of severity; and
2. At least two of the constitutional symptoms or signs (severe fatigue, fever, malaise, or involuntary weight loss).

OR

OR

C. Ankylosing spondylitis or other spondyloarthropathies, with:

1. Ankylosis (fixation) of the dorsolumbar or cervical spine as shown by appropriate medically acceptable imaging and measured on physical examination at 45° or more of flexion from the vertical position (zero degrees); or
2. Ankylosis (fixation) of the dorsolumbar or cervical spine as shown by appropriate medically acceptable imaging and measured on physical examination at 30° or more of flexion (but less than 45°) measured from the vertical position (zero degrees), and involvement of two or more organs/body systems with one of the organs/body systems involved to at least a moderate level of severity.

OR

D. Repeated manifestations of inflammatory arthritis, with at least two of the constitutional symptoms or signs (severe fatigue, fever, malaise, or involuntary weight loss) and one of the following at the marked level:

1. Limitation of activities of daily living.
2. Limitation in maintaining social functioning.
3. Limitation in completing tasks in a timely manner due to deficiencies in concentration, persistence, or pace.

Limitations, Impairment, Disability related to Autoimmune Disorders

14.02 Systemic lupus erythematosus. As described in 14.00D1. With:

A. Involvement of two or more organs/body systems, with:

1. One of the organs/body systems involved to at least a moderate level of severity; and
2. At least two of the constitutional symptoms or signs (severe fatigue, fever, malaise, or involuntary weight loss).

OR

B. Repeated manifestations of SLE, with at least two of the constitutional symptoms or signs (severe fatigue, fever, malaise, or involuntary weight loss) and one of the following at the marked level:

1. Limitation of activities of daily living.
2. Limitation in maintaining social functioning.
3. Limitation in completing tasks in a timely manner due to deficiencies in concentration, persistence, or pace.

Limitations, Impairment, Disability related to Autoimmune Disorders

- Screening for arthritic disability:
- Arthritis-Attributable Activity Limitations (AAAL): “Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?”
- Arthritis-Attributable Work Limitations (AAWL): “In this next question we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?”
- Arthritis-Attributable Social Participation Restriction (AASPR): “During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings?”

Limitations, Impairment, Disability related to Autoimmune Disorders

Clinical Tools:

HAQ-II (Health Assessment Questionnaire-II)

<http://Rheuminfo.com>
your rheumatology resource

We are interested in learning how your illness affects your ability to function in daily life. Place an X in the box which best describes your usual abilities **OVER THE PAST WEEK**. *Are you able to:*

	Without any difficulty (0)	With some difficulty (1)	With much difficulty (2)	Unable (3)
Get on and off the toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open car doors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stand up from a straight chair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk outdoors on flat ground?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wait in a line for 15 minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach and get down a 5-pound object (such as a bag of sugar) from just above your head?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go up 2 or more flights of stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do outside work (such as yard work)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift heavy objects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Move heavy objects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much **PAIN** have you had because of your illness in the **PAST WEEK**?

No Pain (0) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Very Severe Pain

How much of a **PROBLEM** has **UNUSUAL FATIGUE** or **TIREDNESS** been for you **OVER THE PAST WEEK**?

Fatigue is no Problem (0) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fatigue is a Severe Problem

How much of a **PROBLEM** has **SLEEPING** been for you **OVER THE PAST WEEK**?

Sleep is no problem (0) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Sleep is a Severe Problem

How **ACTIVE** has your **ARTHRITIS** been in the **LAST 24 HOURS**?

Not Active (0) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Very Active

When you get up in the **MORNING** do you feel **STIFF**? YES NO

If you answer YES, please write the number of minutes: _____, OR number of hours: _____ until you are as limber as you will be for the day?

Limitations, Impairment, Disability related to Autoimmune Disorders

•Rheumatoid arthritis Functional Class:

- Class I: Patient able to perform usual activities of daily living (self-care [dressing, feeding, bathing, grooming, and toileting], vocational [work, school, or homemaking] and avocational [recreational and/or leisure])
- Class II: Able to perform usual self-care and vocational activities, but limited in avocational activities
- Class III: Able to perform usual self-care activities but limited in vocational and avocational activities
- Class IV: Limited in ability to perform usual self-care, vocational and avocational activities.
- The revised classes were validated in a study of 325 patients using the Health Assessment Questionnaire (HAQ): mean HAQ disability index scores were Class I = 0.33, Class II = 1.02, Class III = 1.70 and Class IV = 2.67.

Limitations, Impairment, Disability related to Autoimmune Disorders

Predictors for arthritic disability:

Predictors	Categories and corresponding score					Score
HAQ score	<1	≥1	≥1.5	≥2	≥2.5	
	0	4	6	9	11	<input type="text"/>
HADS depression score	<11	≥11				
	0	5				<input type="text"/>
HADS anxiety score	<11	≥11				
	0	4				<input type="text"/>
Employment & Absenteeism	In paid employment without absenteeism during the last seven days	In paid employment with absenteeism during the last seven days	Not in paid employment			
	0	1	4			<input type="text"/>
BMI	<25 kg/m ²	≥25 kg/m ²				
	0	2				<input type="text"/>
Total score						<input type="text"/>

Total Score	1 year risk of HAQ ≥1 in %	Total Score	1 year risk of HAQ ≥1 in %
0	9	14	62
1	11	15	66
2	13	16	71
3	15	17	75
4	18	18	78
5	21	19	81
6	25	20	84
7	29	21	87
8	33	22	89
9	37	23	91
10	42	24	92
11	47	25	94
12	52	26	95
13	57		

Note: For each risk factor enter the corresponding score in the box on the right hand side. Add up the scores and enter the total. Look for the total score in the lower table and read off the percentage risk of HAQ within one year.

Figure 1. Clinical risk tool for estimation of functional disability (defined as a Health Assessment Questionnaire [HAQ] score of ≥1) in rheumatoid arthritis or undifferentiated arthritis. Scores range from 0 to 26 points. HADS = Hospital Anxiety and Depression Scale; BMI = body mass index.

Limitations, Impairment, Disability related to Autoimmune Disorders

Certification of Health Care Provider for Employee's Serious Health Condition under the 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: 6/30/2023

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. 29 U.S.C. §§ 2613, 2614(c)(3); 29 C.F.R. § 825.305. The employer must give the employee **at least 15 calendar days** to provide the certification. If the employee fails to provide complete and sufficient medical certification, his or her FMLA leave request may be denied. 29 C.F.R. § 825.313. Information about the FMLA may be found [on the WHD website at www.dol.gov/agencies/whd/fmla](http://www.dol.gov/agencies/whd/fmla).

SECTION I – EMPLOYER

Either the employee or the employer may complete Section I. While use of this form is optional, this form asks the health care provider for the information necessary for a complete and sufficient medical certification, which is set out at 29 C.F.R. § 825.306. **You may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308.** Additionally, you **may not** request a certification for FMLA leave to bond with a healthy newborn child or a child placed for adoption or foster care.

Employers must generally maintain records and documents relating to medical information, 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.

- (1) Employee name: _____
First Middle Last
- (2) Employer name: _____ Date: _____ (mm/dd/yyyy)
(List date certification requested)
- (3) The medical certification must be returned by _____ (mm/dd/yyyy)
(Must allow at least 15 calendar days from the date requested, unless it is not feasible despite the employee's diligent, good faith efforts.)
- (4) Employee's job title: _____ Job description (is / is not) attached.
Employee's regular work schedule: _____
Statement of the employee's essential job functions: _____
(The essential functions of the employee's position are determined with reference to the position the employee held at the time the employee notified the employer of the need for leave or the leave started, whichever is earlier.)

SECTION II - HEALTH CARE PROVIDER

Please provide your contact information, complete all relevant parts of this Section, and sign the form. Your patient has requested leave under the FMLA. The FMLA allows an employer to require that the employee submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to the serious health condition of the employee. For FMLA purposes, a "serious health condition" means an illness, injury, impairment, or physical or mental condition that involves *inpatient care or continuing treatment by a health care provider*. For more information about the definitions of a serious health condition under the FMLA, see the chart on page 4.

You may, but are **not required**, to provide other appropriate medical facts including symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment. Please note that some state or local laws may not allow disclosure of private medical information about the patient's serious health condition, such as providing the diagnosis and/or course of treatment.

Employee Name: _____
Health Care Provider's name: (Print) _____
Health Care Provider's business address: _____
Type of practice / Medical specialty: _____
Telephone: (____) _____ Fax: (____) _____ E-mail: _____

PART A: Medical Information

Limit your response to the medical condition(s) for which the employee is seeking FMLA leave. Your answers should be your **best estimate** based upon your medical knowledge, experience, and examination of the patient. **After completing Part A, complete Part B to provide information about the amount of leave needed.** Note: For FMLA purposes, "incapacity" means the inability to work, attend school, or perform regular daily activities due to the condition, treatment of the condition, or recovery from the condition. 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).

- (1) State the approximate date the condition started or will start: _____ (mm/dd/yyyy)
- (2) Provide your **best estimate** of how long the condition lasted or will last: _____
- (3) Check the box(es) for the questions below, as applicable. For all box(es) checked, the amount of leave needed must be provided in Part B.
 - Inpatient Care:** The patient (has been / is expected to be) admitted for an overnight stay in a hospital, hospice, or residential medical care facility on the following date(s): _____
 - Incapacity plus Treatment:** (e.g. outpatient surgery, strep throat)
Due to the condition, the patient (has been / is expected to be) incapacitated for **more than three** consecutive, full calendar days from _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy).
The patient (was / will be) seen on the following date(s): _____
The condition (has / has not) also resulted in a course of continuing treatment under the supervision of a health care provider (e.g. prescription medication (other than over-the-counter) or therapy requiring special equipment)
 - Pregnancy:** The condition is pregnancy. List the expected delivery date: _____ (mm/dd/yyyy).
 - Chronic Conditions:** (e.g. asthma, migraine headaches) Due to the condition, it is medically necessary for the patient to have treatment visits at least twice per year.
 - Permanent or Long Term Conditions:** (e.g. Alzheimer's, terminal stages of cancer) Due to the condition, incapacity is permanent or long term and requires the continuing supervision of a health care provider (even if active treatment is not being provided).
 - Conditions requiring Multiple Treatments:** (e.g. chemotherapy treatments, restorative surgery) Due to the condition, it is medically necessary for the patient to receive multiple treatments.
 - None of the above:** If none of the above condition(s) were checked, (i.e., inpatient care, pregnancy) no additional information is needed. Go to page 4 to sign and date the form.

Limitations, Impairment, Disability related to Autoimmune Disorders

Employee Name: _____

- (4) If needed, briefly describe other appropriate medical facts related to the condition(s) for which the employee seeks FMLA leave. (e.g., use of nebulizer, dialysis) _____

PART B: Amount of Leave Needed

For the medical condition(s) checked in Part A, complete all that apply. 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.

- (5) Due to the condition, the patient (had / will have) **planned medical treatment(s)** (scheduled medical visits) (e.g. psychotherapy, prenatal appointments) on the following date(s): _____

- (6) Due to the condition, the patient (was / will be) **referred to other health care provider(s)** for evaluation or treatment(s).

State the nature of such treatments: (e.g. cardiologist, physical therapy) _____

Provide your **best estimate** of the beginning date _____ (mm/dd/yyyy) and end date _____ (mm/dd/yyyy) for the treatment(s).

Provide your **best estimate** of the duration of the treatment(s), including any period(s) of recovery (e.g. 3 days/week) _____

- (7) Due to the condition, it is medically necessary for the employee to work a **reduced schedule**.

Provide your **best estimate** of the reduced schedule the employee is able to work. From _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy) the employee is able to work: (e.g., 5 hours/day, up to 25 hours a week) _____

- (8) Due to the condition, the patient (was / will be) **incapacitated for a continuous period of time**, including any time for treatment(s) and/or recovery.

Provide your **best estimate** of the beginning date _____ (mm/dd/yyyy) and end date _____ (mm/dd/yyyy) for the period of incapacity.

- (9) Due to the condition, it (was / is / will be) medically necessary for the employee to be absent from work on an **intermittent basis** (periodically), including for any episodes of incapacity i.e., episodic flare-ups. Provide your **best estimate** of how often (frequency) and how long (duration) the episodes of incapacity will likely last.

Over the next 6 months, episodes of incapacity are estimated to occur _____ times per (day / week / month) and are likely to last approximately _____ (hours / days) per episode.

Employee Name: _____

PART C: Essential Job Functions

If provided, the information in Section I question #4 may be used to answer this question. If the employer fails to provide a statement of the employee's essential functions or a job description, answer these questions based upon the employee's own description of the essential job functions. An employee who must be absent from work to receive medical treatment(s), such as scheduled medical visits, for a serious health condition is considered to be *not able* to perform the essential job functions of the position during the absence for treatment(s).

- (10) Due to the condition, the employee (was not able / is not able / will not be able) to perform *one or more* of the essential job function(s). Identify at least one essential job function the employee is not able to perform: _____

Signature of Health Care Provider _____ Date _____ (mm/dd/yyyy)

Definitions of a Serious Health Condition (See 29 C.F.R. §§ 825.113-.115)
<p style="text-align: center;">Inpatient Care</p> <ul style="list-style-type: none"> • An overnight stay in a hospital, hospice, or residential medical care facility. • Inpatient care includes any period of incapacity or any subsequent treatment in connection with the overnight stay.
<p style="text-align: center;">Continuing Treatment by a Health Care Provider (any one or more of the following)</p> <p>Incapacity Plus Treatment: A period of incapacity of more than three consecutive, full calendar days, and any subsequent treatment or period of incapacity relating to the same condition, that also involves either:</p> <ul style="list-style-type: none"> ○ Two or more in-person visits to a health care provider for treatment within 30 days of the first day of incapacity unless extenuating circumstances exist. The first visit must be within seven days of the first day of incapacity; or, ○ At least one in-person visit to a health care provider for treatment within seven days of the first day of incapacity, which results in a regimen of continuing treatment under the supervision of the health care provider. For example, the health provider might prescribe a course of prescription medication or therapy requiring special equipment.
<p>Pregnancy: Any period of incapacity due to pregnancy or for prenatal care.</p>
<p>Chronic Conditions: Any period of incapacity due to or treatment for a chronic serious health condition, such as diabetes, asthma, migraine headaches. A chronic serious health condition is one which requires visits to a health care provider (or nurse supervised by the provider) at least twice a year and recurs over an extended period of time. A chronic condition may cause episodic rather than a continuing period of incapacity.</p>
<p>Permanent or Long-term Conditions: A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective, but which requires the continuing supervision of a health care provider, such as Alzheimer's disease or the terminal stages of cancer.</p>
<p>Conditions Requiring Multiple Treatments: Restorative surgery after an accident or other injury; or, a condition that would likely result in a period of incapacity of more than three consecutive, full calendar days if the patient did not receive the treatment.</p>

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 15 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 Avenue, N.W., Washington, D.C. 20210.

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

Questions ?

Questions ? Contact me at:

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