

Greenbrier Obstetrics and Gynecology, P.C.

FMLA/Short Term Disability Forms

DATE: _____ NAME: _____ DOB: _____

Patient's number to call when form completed: _____

This form is for: Self Spouse Other:

Name: _____ (if other than self)

Who is your doctor? _____

What is your diagnosis or reason for the form? _____

Please be sure to fill out your section of all forms being left for completion. If form doesn't have an area to sign to release medical information, please sign a medical release form here at our office

PREGNANCY

Estimated Due Date: _____ Do you plan to work until your due date? _____

Did your doctor take you out of work? _____ On what date? _____

Why were you taken out of work? _____

Dates you plan to be out of work: _____ to _____

SURGERY

Date of your surgery: _____ Type of surgery: _____

Are you out of work now? _____ If so, date you last worked? _____

Dates you will be out of work: _____ to _____

ADDITIONAL INFORMATION:

*****Note to patients going out on maternity leave*****

We must have a medical reason to take you out of work prior to your due date. However, should you wish to start maternity leave sooner, we will indicate on your form that the patient desires to start maternity leave.

Maternity leave forms will indicate that patient will be out of maternity leave for 6 weeks following delivery date pending type of delivery. However, we can indicate more time if state to do so by your doctor.

PLEASE ALLOW 1-2 WEEKS FOR COMPLETION OF YOUR FORMS

DATE YOU WILL PICK-UP YOUR FORMS
