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Cc: [Cathy Krepsky](#)
Subject: DOL comments regarding FMLA certification of health care provider forms
Date: Thursday, October 03, 2019 2:04:40 PM

Agency: Hennepin County Leave and Accommodation Management Office
Control #: 1235-0003

Good morning.

Below is a listing of our agencies comments regarding the FMLA certification of health care provider forms.

FORM WH-380-F

Throughout the form we do not like that the date format is not displayed as (mm/dd/yyyy). We're concerned health care providers may not give full dates without this displayed.

We do like that "best estimate" was added (part A #3).

Part B (page 4 of 6): we struggle with the "was" / "will be" boxes. Our preference is these be removed. Same with "had" / "will have".

The consensus on our team is that Part B 1&2 are the same as Part A 6(a) and 6(b) so this could be confusing for health care providers.

Form WH-380-E

Page 3 of 6 ...

Our team felt a new heading between 4c and 5 would be helpful such as "Condition Type".

We also felt it would be help if "list appointments here" was added to #6.

Page 4 of 6 ...

Under #5, we know this is for the intermittent flare-up schedule. We receive a lot of forms now where health care providers indicate the appointment schedule in this section. We think this section could be more clear that this section should not include the appointment schedule.

The only other comment our team had was that consistency throughout the sections on both forms would be helpful for the health care provider.

Thank you for reviewing our comments and please don't hesitate to reach out to me if you have additional questions.

I would also like to know if there's a web page we can go to review the summary of recommendations from other agencies. If so, can you please provide that to me.

Also, what are the next steps with this "comment" period.

Cathy Krepsky

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