

**From:** [Charlotte Harrison](#)  
**To:** [WHDPRAComments](#)  
**Subject:** Items for Consideration on the Proposed Changes to FMLA Forms  
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Please take the following into consideration with the upcoming changes to FMLA forms:

Certification of Health Care Provider for Family Member's Serious Health Condition

- Combine #6 and #7 to capture the same information. In my experience with the form, Health Care Providers do one or the other but don't complete them both. That's fine when #6 is completed but when #7 is the only one completed Health Care Providers hardly ever indicate and estimated beginning date or estimated end date.

Certification of Health Care Provider for both Employee's and Family Member's Serious Health Condition:

- Give a maximum time frame in which a form can be valid before requiring recertification. Most doctor won't issue certain prescriptions if they haven't seen the patient for 6 months, so it is reasonable for employers to want updates regarding the status of employees work ability.

Thank you for the consideration.

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