

**From:** [Weaver, Virginia \(OS/ASA/PSC/FOH\) \(CTR\)](#)  
**To:** [WHDPRAComments](#)  
**Subject:** RE: Control Number 1235-0003  
**Date:** Monday, September 30, 2019 6:57:19 AM

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Hello – I'm resending as my earlier message was apparently rejected.

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**From:** Weaver, Virginia (OS/ASA/PSC/FOH) (CTR)  
**Sent:** Thursday, September 26, 2019 4:11 PM  
**To:** WHDPRAComments@dol.gov  
**Subject:** Control Number 1235-0003

To The Department of Labor (Attention Robert Waterman, Division of Regulations, Legislation, and Interpretation, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Avenue NW, Washington, DC 20210):

In my capacity over the past five years as an occupational medicine consultant to the Medical Employability Program of Federal Occupational Health, I regularly review FMLA documentation submitted from Federal employees or contractors.

First, I commend you on the revised draft forms that DOL has developed. I have noted specific improvements that I think will be extremely helpful along with additional recommendations below.

Comments on the draft WH-380-E form:

Page 3 will be very helpful in reducing the need to clarify frequency of follow-up for chronic conditions which is a common problem in my experience. I do recommend asking for dates of the two most recent visits under item (6) on that page. Also, it would be helpful to specify if the two visit/year definition applies to federal employees under CFR 630.1202 or just to private employees.

I am also pleased to see that the old Question 6 in which follow-up appointments and part-time work were combined has been replaced with separate questions for this.

I recommend providing a clearer example for #4 on page 4 since Question 7 on the current form is very confusing for health care providers i.e., an example that uses the terms listed in the question, e.g., duration = 2 days, frequency = 2 per month

Comments on the draft WH-380-F form:

For 2a on page 2, it may be useful to note the additional criteria for adult children (disability and incapability of self-care)

For 3b on page 2, I recommend an example or options for answers as I am not sure what is being asked

Same comments on page 3 as for WH-380-E (asking for dates of the two most recent visits under

item (6) and specifying if the two visit/year definition applies to federal employees under CFR 630.1202 or just to private employees).

For Part B, the issue is not actually the family member's incapacitation but the leave that the employee will need to take to assist the family member. Thus, it would be useful in this revision to ask in terms of the time that the employee needs to provide that care.

Best regards,  
Virginia

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