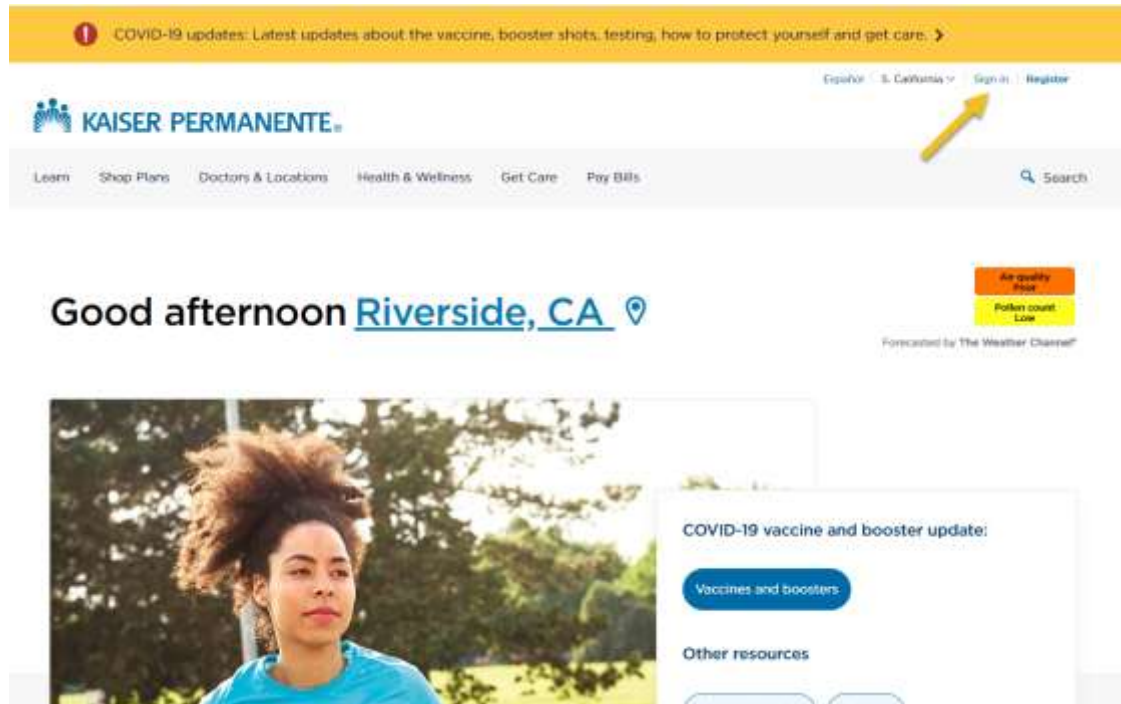


Go to: **KP.ORG**

Click on Sign In



You will see this screen, put your user ID and password.

Sign in



USER ID

PASSWORD

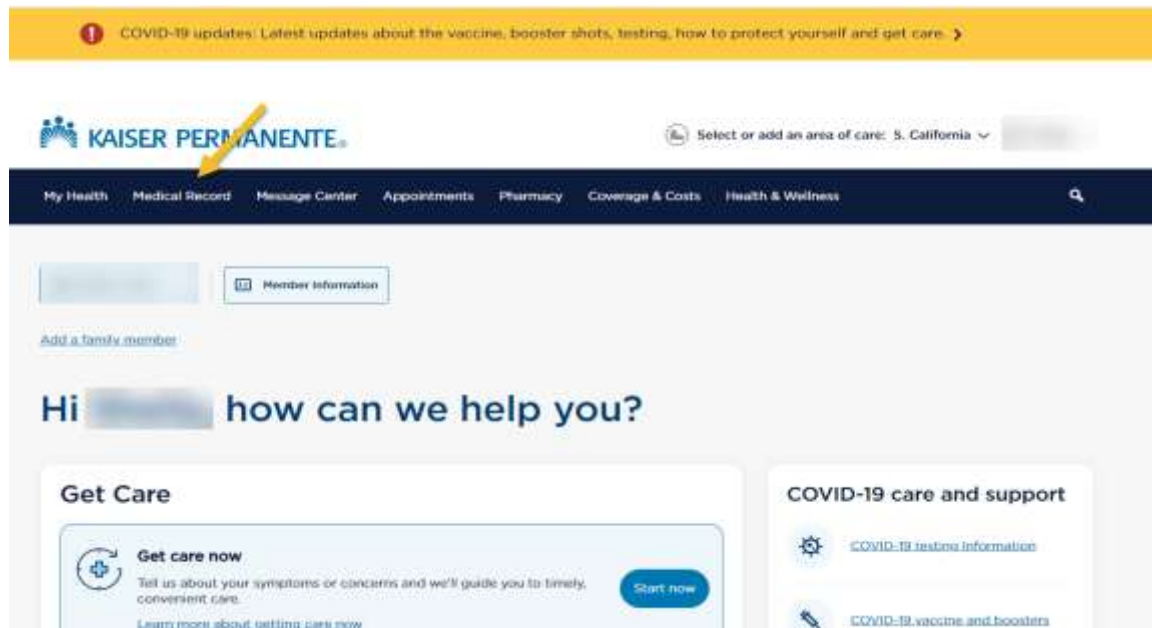
Sign in

[Forgot your User ID or password?](#)

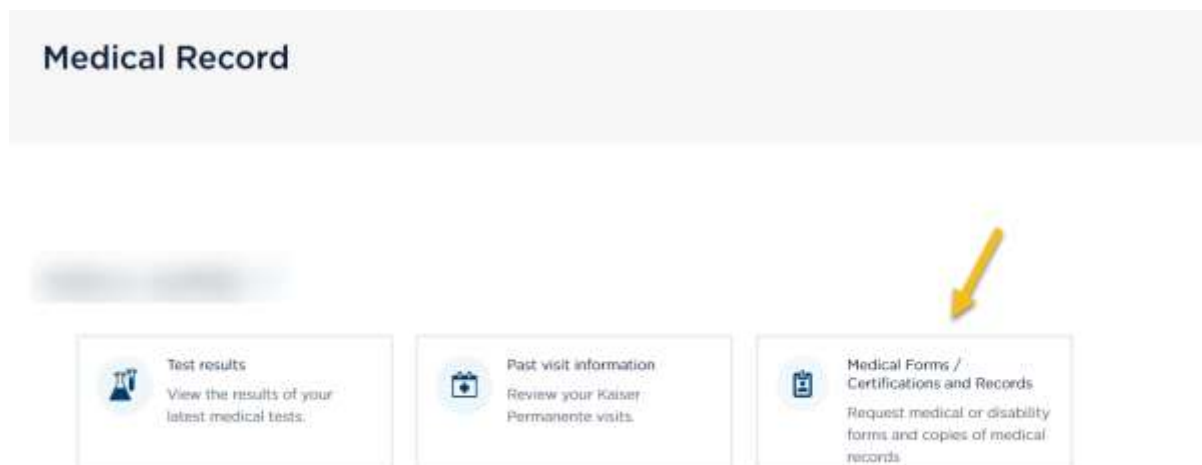
[Register for an account](#)

By signing in, you agree to our website
[Terms & Conditions](#) and [Privacy Statement](#).

This screen will appear, click on Medical Record.



You will see your name and the boxes below that you are to select from. Select Medical Forms/Certifications and Records.



Next, select Family and Medical Leave Act (FMLA).

Records, forms, and certificates

On this page:

[Health Summary](#)

[Medical records](#)

[State Disability Insurance certification](#)

[Paid Family Leave](#)

[Family and Medical Leave Act \(FMLA\)](#) 

[Immunization record](#)

[Disability certification](#)

[Third-party requests](#)

[My requests](#)

[Release of Information unit locations](#)

Click on Request FMLA from the next window.

Family and Medical Leave Act (FMLA) medical certification

If medically appropriate, a medical certification can be submitted to an employer to determine FMLA eligibility. Note: you will need a Work Status Report from your doctor to complete this request. If you do not yet have one, please email your doctor. You can do so in the [Message Center](#).

Complete and submit this request to your doctor to certify your serious health condition(s). Your doctor will review your information to determine the appropriate timeframe requested for certification and may contact you for further information. [Request FMLA](#) medical certification.

The next area asks if you have a work status report from your Kaiser Provider.

IMPORTANT: A work status report is only needed if you are requesting consecutive FMLA. If you do not have a work status report placing you off work for more than 3 days, you may not proceed, and you must contact your treating provider to discuss getting a work status report placed in your chart. If you do have one, or if your request is for intermittent FMLA, select YES.

Family and Medical Leave (FMLA) Certification

- Document Check
- Select Individual
- Case Information
- Review the information below
- Confirmation

Document Check

Please check below to ensure your application is supplied with proper documentation.

Have you received a Work Status Report from your doctor?

☒ Yes, I have 

☐ No, I have not

[Cancel](#)

[Continue](#)

Select the person the FMLA is for; either choose your name if it's for your employer, or "Someone who cares for me" if it's for your caregiver's employer.

Family and Medical Leave (FMLA) Certification

The screenshot shows the 'Select Individual' step of the FMLA Certification process. On the left, a vertical progress bar has five steps: 'Document Check' (checked), 'Select Individual' (active), 'Case Information', 'Review the information below', and 'Confirmation'. The main content area is titled 'Select Individual' and includes the instruction: 'Please check below to ensure your application is supplied with proper documentation.' Below this, the question 'Who is seeking medical certification to request FMLA leave?' is followed by two radio button options: 'Your Name' (selected) and 'Someone who cares for me'. A yellow arrow points to the 'Your Name' option. At the bottom, there are three buttons: 'Cancel', 'Back', and 'Continue'.

Document Check

Select Individual

Case Information

Review the information below

Confirmation

Select Individual

Please check below to ensure your application is supplied with proper documentation.

Who is seeking medical certification to request FMLA leave?

☒ Your Name

☐ Someone who cares for me

Cancel Back Continue

Next follow the prompts. Select your treating provider, type the medical condition the FMLA is for, list the job functions you cannot perform due to the condition, the name of the employer requesting the FMLA, your job title, they type of leave, verify your email address.

Family and Medical Leave (FMLA) Certification

The screenshot shows the 'Case Information' step of the FMLA Certification process. On the left, the vertical progress bar has five steps: 'Document Check' (checked), 'Select Individual' (checked), 'Case Information' (active), 'Review the information below', and 'Confirmation'. The main content area is titled 'Case Information' and includes the instruction: 'Please provide the following information about your medical condition. Please check below to ensure your application is supplied with proper documentation.' Below this, there are four input fields: 'NAME OF CERTIFYING DOCTOR(S)' (a dropdown menu with 'Select Doctor' and a downward arrow), 'YOUR SERIOUS MEDICAL CONDITION(S)' (a large text area), 'JOB FUNCTION(S) YOU CANNOT PERFORM DUE TO MEDICAL CONDITION(S)' (a large text area), and 'COMPANY' (a text field). Below the 'COMPANY' field is the 'JOB TITLE' field (a text field).

Document Check

Select Individual

Case Information

Review the information below

Confirmation

Case Information

Please provide the following information about your medical condition. Please check below to ensure your application is supplied with proper documentation.

NAME OF CERTIFYING DOCTOR(S)

Select Doctor

YOUR SERIOUS MEDICAL CONDITION(S)

JOB FUNCTION(S) YOU CANNOT PERFORM DUE TO MEDICAL CONDITION(S)

COMPANY

JOB TITLE

What type of leave are you requesting?

- ☒ A series of consecutive days (for example, 10 days in a row)
- ☐ An intermittent period of time (for example, 4 hours per week or one day per month for chronic flare-ups of a condition)

Verify email address

When your request is completed, you'll get an email letting you know how to view your records. The email address shown below is what we currently have on file for you. If this isn't correct, please go to [Personal Information](#) to update it.

[Cancel](#)

[Back](#)

[Continue](#)

You will be asked to review your information and then click on submit.

Family and Medical Leave (FMLA) Certification

- ✓ Document Check
- ✓ Select Individual
- ✓ Case Information
- Review the information below**
- Confirmation

Review the information below

If the information does not look correct, please go back to edit your responses.

Request Information

Individual seeking medical certification

Case Information

Name of certifying doctor(s)

Your serious medical condition(s)

Job function(s) you cannot perform due to medical condition(s)

Company

Job title

What type of leave are you requesting?

Consecutive

Email address

[Cancel](#)

[Back](#)

[Submit](#)

