

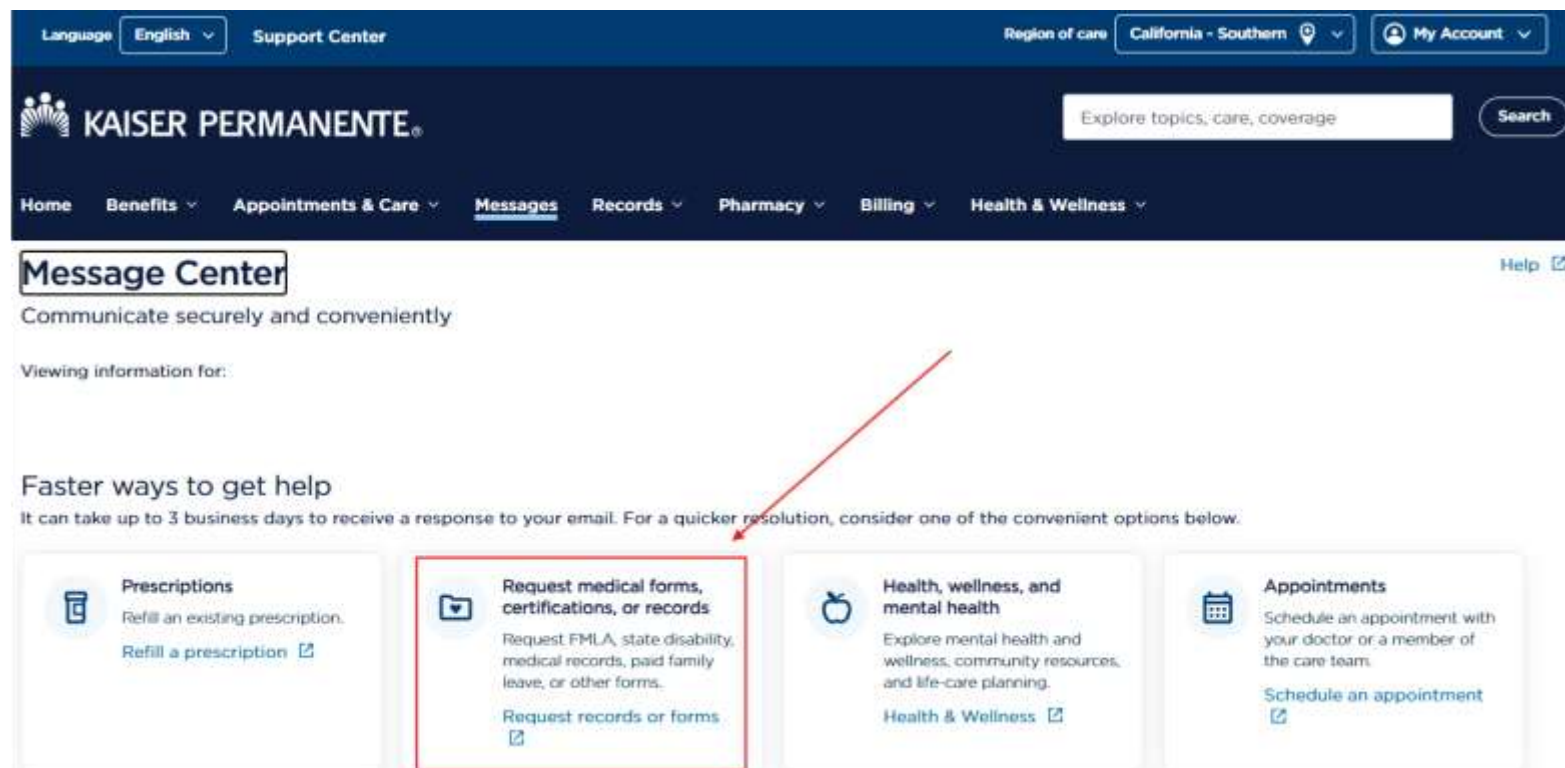
Go to KP.org

The family member will need to sign in with their User ID and Password.

Click on Messages



From the Message Center screen, click on “Request medical forms, certifications or records”



Scroll down and click on “Family medical leave certification (FMLA)”

Language English Support Center

My Account

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Type keyword

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Print

Medical Forms, Records and Certifications

Working with our doctors, our Release of Information (ROI) Department helps you complete forms for disability or medical leave and provides required medical information to your school, employer, or other organization.



Release of Information

This video contains audio

Download Transcripts

How medical form request works?

Request and access medical information for yourself and your family

 Medical and billing records

Medical records requests

Amendment request

 Request forms and certifications

Medical forms requests

Disability claims certifications (SDI)

Pregnancy and postpartum leave

Family medical leave certifications (FMLA)

Click on “Request a FMLA medical certification”

Family medical leave certifications (FMLA)

ROI assists your doctor with completing a Family Medical Leave Act (FMLA) certification request for a serious or chronic (ongoing) health condition. You'll need this information when submitting your FMLA request:

- Time frame: A series of a minimum of 4 consecutive calendar days of leave or chronic intermittent leave periods such as 4 hours per week or 1 day per month or a follow up treatment schedule of leave.
- A work status report is not required for chronic condition leave (i.e., intermittent leave).
- A work status report is required for a series of consecutive days of leave (block leave). To obtain this, you'll need to discuss your disability needs with your doctor, including information about your condition, the time you'll be off work, and job functions you're unable to perform. They may ask you to schedule an appointment with them.
- Name of your employer

If this request is for someone providing care for you, we'll need their name and their employer's name.

If you're taking FMLA during or after pregnancy, learn more about this process at "Pregnancy and postpartum leave" tab above.

[Request a FMLA medical certification.](#)

Choose the Type of leave. Either consecutive or intermittent and click “Continue”



KAISER PERMANENTE®

Language

English

My Account

Family Medical Leave Act (FMLA)

Type of leave requested

Select Individual

Case Information

Review the information

Confirmation

Type of leave requested

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 conditions)

Cancel

Continue >

Confirm if you have a Work Status Report form your doctor then click “continue.” You may not see this message if you are request intermittent care.

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Language English 

 My Account 

Family Medical Leave Act (FMLA)

 Type of leave requested

 Document Check

 Select Individual

 Case Information

 Review the information

 Confirmation

Document Check

All fields are required, except where marked as optional.

Have you received a Work Status Report from your doctor?

☐ Yes, I have

☐ No, I have not

Cancel < Back Continue >

If amount of leave is for consecutive leave and if you do not have a Work Status Report on file, you will receive the below message. Please contact your doctor to request a Work Status Report.

Work Status Report Required



Email your doctor to request a Work Status Report before continuing with this process. You can do so in the Message Center. When you send your message, let your doctor know which medical condition is impacting your ability to work.

CloseMessage Center

Click on “Someone who cares for me” then click “continue”

Select Individual

All fields are required, except where marked as optional.

Who is seeking medical certification to request FMLA leave?

☐

☒ Someone who cares for me

Cancel

< Back

Continue >

Fill in the caregiver's information then click "continue"

- ✓ Type of leave requested
- ✓ Document Check
- ✓ Select Individual
- **Caregiver information**
- Case Information
- Review the information
- Confirmation

Caregiver information

Please provide the following information about your caregiver. All fields are required, except where marked as optional.

First name

Last name

Relationship to patient

Caregiver phone number

Enter 10 digit phone number

Caregiver employer

Description of care and time needed ⓘ

246 of 250 characters left

Cancel

< Back

Continue >

Fill in the Case Information then click “continue”

- ✓ Type of leave requested
- ✓ Document Check
- ✓ Select Individual
- ✓ Caregiver information
- Case Information
- Review the information
- Confirmation

Case Information

Please provide the following information about your medical condition. All fields are required, except where marked as optional.

Name of certifying doctor(s) ⓘ

Your serious medical condition(s) ⓘ

246 of 250 characters left

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

246 of 250 characters left

Company

Job title

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 >

Review the request information. If correct, click “submit”



Review the information below

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

Request information

Individual seeking medical certification

Someone Who Cares For Me

Caregiver information

First name

Last name

Cancel < Back Submit

