



Carolin's HealthCare System

Medical Leave and Disability Form – Obstetrics

Important Information for Short Term Disability and FMLA for Obstetric Patients

Your FMLA and/or Short Term Disability forms are due by your 34th week of pregnancy. Forms are completed in date order received and can take up to 10 days for processing. While it may not always take this long, you will need to plan accordingly for form completion.

Since most pregnant workers present no medical, obstetrical or occupational reason to discontinue work, we will provide statements certifying the disability of pregnancy itself. Specifically, we are able to sign statements of disability and/or FMLA to begin as of delivery and to end 6 weeks after a vaginal delivery or 8 weeks after a C-section delivery. Additional out of work time beyond the recommended 6-8 weeks is between you and your employer.

Those patients with medical problems, which are adversely affected by pregnancy or adversely affect pregnancy itself will be handled on an individual basis. These exceptions will be based on medical necessity as determined by your provider.

The time you are disabled from work is a recommendation by your provider. Your Short Term Disability company may not always agree with the time your provider allows. If requested, we will provide medical documentation to support these recommendations. A signed release of health information authorization from you, must be on file prior to releasing any information. The signed authorization allows us to communicate, submit forms, medical records, etc to your short term disability company to validate/approve any recommended leave of absence. For your protection, we do not give out verbal information to employers or insurance companies.

1. Please indicate here if the physician has put you out of work for a medical reason: Yes _____ No _____
2. 1st day out of work or pregnancy due date: _____ (Dates will be confirmed with your physician)
3. Please indicate how to route forms after they are completed. CHOOSE ONE - CIRCLE and COMPLETE BELOW
 - a) Fax To: Name and Fax Number _____
 - b) Mail To: Name and Address _____
 - c) Pick up from our office. Name of person picking up forms _____ . Phone number to contact you or delegated person indicated above to pick up the forms when completed. _____

The final decision regarding disability payment is made by your short term disability company.

Patient Name (Please Print) Date _____

Patient Signature

Please complete and submit the following two forms (Medical Leave/Disability Form AND Permission to Release Health Information Form) with your employers required medical leave/disability form(s). Your physician must receive all forms by your 34th week of pregnancy.

You will be contacted through MyCarolinas (Patient Portal) or by phone once forms are completed.