

# Family and Medical Leave Act

**Medical Facts:**

11. Describe relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

**Amount of Care Needed**

12. **Absences for Appointments** - Did or will employee need to attend medical treatments/appointments because of the medical condition?      No      Yes

If yes, estimate the appointment schedule, if any. Include the dates of scheduled appointments and the time required for each appointment, including any recovery period:

Can appointments be scheduled during non-work hours?      No      Yes

13. **Continuous Full-time Absence** - Did or will employee be incapacitated for a single continuous period of time due to the medical condition, including any time for treatment and recovery?