



**Human  
Resources**

Disabilities Services and Medical Leaves Office  
Massachusetts Institute of Technology  
77 Massachusetts Avenue  
Building NE49-5000  
Cambridge, Massachusetts 02139-4307

Phone 617.235.4572  
Fax 617.253.1502  
<http://web.mit.edu/hr/fmla>

**Certification of Health Care Provider for Maternity Leave**

Please note: In accordance with MIT's sick leave policy, medical documentation must be completed by a physician in order to qualify for paid sick leave.

**Employer name and Contact:** MIT Disabilities Services and Medical Leaves Office; Tel: (617)253-4572 or (617)324-0082, Email: [hr-dsmlo@mit.edu](mailto:hr-dsmlo@mit.edu), Confidential Fax: (617)253-1502

Employee name: \_\_\_\_\_

MIT ID: \_\_\_\_\_ Phone number: \_\_\_\_\_

**For Completion by the PHYSICIAN:**

Physician's name and business address: \_\_\_\_\_

\_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

1. Expected Delivery Date: \_\_\_\_\_

2. MIT provides up to 8 weeks of paid leave associated with disability and recovery from childbirth. Will this individual require the standard 8 weeks following delivery:

\_\_\_\_\_ Yes \_\_\_\_\_ No (if "No", please explain and provide the anticipated duration of disability):

\_\_\_\_\_

\_\_\_\_\_

3. If there are any other relevant medical facts related to the condition for which the employee seeks leave please provide detailed information and attach it to this form (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment)

**The Genetic Information Nondiscrimination Act of 2008 (GINA)**

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information,' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

\_\_\_\_\_  
**Physician signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Employee signature**

\_\_\_\_\_  
**Date**