

Guam Memorial Hospital Authority (GMHA)

Medical Certification of Healthcare Provider for Care of an Immediate Family Member

To: Medical Provider

Please certify that, the employee is requesting for time off from work duty to care for an immediate family member.

This is to certify that _____ is caring for:
(Employee name)

_____ and care will commence on _____ through _____
(Immediate family member name) (Leave period)

The immediate family member is suffering from a serious illness or injury in which he or she requires the constant administration of special medical care or support.

Care is being provided to the following immediate family member:

- | | | |
|---|---|---|
| <input type="checkbox"/> employee's spouse | <input type="checkbox"/> grandparent | <input type="checkbox"/> guardian |
| <input type="checkbox"/> employee's common-law spouse | <input type="checkbox"/> sibling | <input type="checkbox"/> in-loco parentis |
| <input type="checkbox"/> parent (step/adoptive) | <input type="checkbox"/> child (step/adoptive) | |
| <input type="checkbox"/> parent-in-law | <input type="checkbox"/> grandchild (step/adoptive) | |

Please check the condition that applies below:

- requires hospitalization institutionalization extended home care

Comments: _____

Name of Medical/Health Care Facility:

Healthcare Provider:

_____ (print name) _____ (Signature)

Date: _____

Authority cited: §4108 (c) 2, Chapter 4, Title 4GCA

Serious Illness or Injury is defined as an urgent condition that is certified by the attending physician as requiring hospitalization, institutionalization, or extended home care in which the person needs the constant administration of special medical care or support.

Immediate family member- the employee's spouse, common law, parents, parents in-law, grandparents, brothers, sister, children, grandchildren, any step or adoptive parents, adopted children or grandchildren of both the employee and the spouse, a guardian or person in loco parentis.