

PART A: Medical Information

The information you provide is for the medical condition(s) for which the state team member is seeking Shared Leave. The State of North Dakota's Shared Leave Program is intended to allow team members to assist each other with leave donations to help cope with severe, extraordinary, extreme and/or life-threatening health crises. Donated leave is intended to help team members in these circumstances to bridge unexpected absences that they do not have paid leave to cover, and which would cause them to go into unpaid status for a period of time. Your answers should be your best estimate based upon your medical knowledge, experience, and examination of the patient.

Examples of "extraordinary or severe" situations that are typically approved include:

- Major surgery with inpatient hospital stay; cancer and treatment; hospitalization for a severe physical or mental condition; enrollment in an ongoing behavioral health treatment program (inpatient or day) requiring continuous leave from work.

Examples of Conditions that are typically not approved include:

- Flu; chicken pox; COVID-19, sprained ankle; elective cosmetic surgery; intermittent leave for chronic, ongoing medical conditions.

1. Approximate Date Condition Started/Will Start	2. Best Estimate of Time Condition Will Last
3. For Shared Leave to apply, care of the patient must be medically necessary. Provide a summary of the medical condition and care needed by patient.	
<hr/> <hr/> <hr/>	
4. Does the condition substantially limit major life activities?	
<input type="checkbox"/> No <input type="checkbox"/> Yes - Describe: _____ Some examples of major life activities include, but are not limited to: <ul style="list-style-type: none"> • seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, caring for oneself, performing manual tasks, sitting, reaching, and interacting with others 	
5. For each major life activity that is limited by the condition, describe how the team member is restricted as to the condition, manner, or duration under which that job activity can be performed, as compared to the way in which an average person in the general population can perform that job activity.	
<hr/> <hr/> <hr/>	
6. Check all applicable box(es) below. For all box(es) checked, the amount of leave needed must be provided in Part B.	
a.	Inpatient Care: The patient <input type="checkbox"/> has been <input type="checkbox"/> is expected to be admitted for an overnight stay in a hospital, hospice, or residential medical care facility on the following date(s): _____
b.	Incapacity Plus Treatment: (e.g. outpatient surgery, strep throat). Due to the condition, the patient <input type="checkbox"/> has been <input type="checkbox"/> is expected to be incapacitated for more than three consecutive, full calendar days from: _____ (mm/dd/yyyy) to: _____ (mm/dd/yyyy). The patient <input type="checkbox"/> was <input type="checkbox"/> will be seen on the following date(s): _____ The condition <input type="checkbox"/> has <input type="checkbox"/> has not also resulted in a course of continuing treatment under the supervision of a health care provider (e.g. prescription medication (other than over-the-counter) or therapy requiring special equipment).
c.	Pregnancy: If the condition is pregnancy related, list the expected delivery date: _____ Normal pregnancy, without serious complications, is not considered a qualifying condition.
d.	Chronic Conditions: (e.g. asthma, migraine headaches) Due to the condition, it is medically necessary for the patient to have treatment visits at least twice per year.
e.	Permanent or Long Term Conditions: (e.g. alzheimer's, terminal stages of cancer) Due to the condition, incapacity is permanent or long term and requires the continuing supervision of a health care provider (even if active treatment is not being provided).
f.	Conditions requiring Multiple Treatments: (e.g. chemotherapy treatments, restorative surgery) Due to the condition, it is medically necessary for the patient to receive multiple treatments.

PART B: Amount of Leave Needed

Answers should be your best estimate, based upon your medical knowledge, experience, and examination of the patient.

<p>7. Due to the condition, the patient: <input type="checkbox"/> had <input type="checkbox"/> will have planned, scheduled medical treatment/visit(s), (e.g. psychotherapy, prenatal appointments)</p> <p style="border: 1px solid black; padding: 2px;">Date(s) of Scheduled Medical Visit(s)</p>					
<p>8. Due to the condition, the patient: <input type="checkbox"/> was <input type="checkbox"/> will be referred to other health care provider(s) for evaluation or further treatment.</p> <p style="border: 1px solid black; padding: 2px;">Nature of Treatment (e.g. cardiologist, physical therapy)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;">Treatment Begin Date</td> <td style="width: 25%; padding: 2px;">End Date</td> <td style="padding: 2px;">Best Estimate for Duration of Treatment (including recovery), e.g. 3 days/week for x weeks</td> </tr> </table>			Treatment Begin Date	End Date	Best Estimate for Duration of Treatment (including recovery), e.g. 3 days/week for x weeks
Treatment Begin Date	End Date	Best Estimate for Duration of Treatment (including recovery), e.g. 3 days/week for x weeks			
<p>9. Due to the condition, it is medically necessary for the team member to work a reduced schedule. Provide your best estimate of the reduced schedule the team member is able to work:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 2px;">Date to Begin Reduced Schedule</td> <td style="width: 33%; padding: 2px;">Date to End Reduced Schedule</td> <td style="padding: 2px;">Hours Team Member Able to Work (5hrs/day, 25hrs/wk)</td> </tr> </table>			Date to Begin Reduced Schedule	Date to End Reduced Schedule	Hours Team Member Able to Work (5hrs/day, 25hrs/wk)
Date to Begin Reduced Schedule	Date to End Reduced Schedule	Hours Team Member Able to Work (5hrs/day, 25hrs/wk)			
<p>10. Due to the condition, the patient: <input type="checkbox"/> was <input type="checkbox"/> will be incapacitated for a continuous period of time, including any time for treatment(s) and/or recovery.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Incapacitated Begin Date</td> <td style="padding: 2px;">Estimated Release Date</td> </tr> </table>			Incapacitated Begin Date	Estimated Release Date	
Incapacitated Begin Date	Estimated Release Date				
<p>11. Due to the condition, it: <input type="checkbox"/> is <input type="checkbox"/> was <input type="checkbox"/> will be medically necessary for the team member to be absent from work on an intermittent basis (periodically), including for any episodes of incapacity i.e., episodic flare-ups. Provide your best estimate of how often (frequency) and how long (duration) the episodes of incapacity will likely last. Over the next 6 months, episodes of incapacity are estimated to occur:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">Estimated Instances (times)</td> <td style="width: 30%; padding: 2px;">Per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month</td> <td style="padding: 2px;">Likely to Last (approximate duration) _____ <input type="checkbox"/> Hours <input type="checkbox"/> Days (per episode)</td> </tr> </table>			Estimated Instances (times)	Per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month	Likely to Last (approximate duration) _____ <input type="checkbox"/> Hours <input type="checkbox"/> Days (per episode)
Estimated Instances (times)	Per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month	Likely to Last (approximate duration) _____ <input type="checkbox"/> Hours <input type="checkbox"/> Days (per episode)			

Signature of Health Care Provider	Date
-----------------------------------	------