



LEAVE MANAGEMENT SOLUTIONS
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CFRA- FEHA/ADA Curing Second - Third Medical Opinion Justification Form –
Training Narrative (CA2001)

Purpose: To document what is inconsistent with the medical certificate and the employee's usage and or accommodation on the job site. This could also be because you noticed that the issue is for migraines and the doctor happens to be a veterinarian (Yes, we have had this happen!).

After you have downloaded the form from our webpage, save it to your computer.

We suggest grouping the letters/forms by leave type, and then have separate folders for the letters and forms. You may want to organize it like our Table of Contents so you can easily cross-reference our list with your folders to easily determine what letters you have or do not have.

Once the document is saved, open it so you can create your company template by updating all the **blue highlights** within the document.

The **yellow highlights** are employee specific details and will be changed with individual situations.

Update the header with your organization's business name.

You have successfully completed your template! Save it to be used when customizing the yellow highlights.

Enter the date the document is created. Enter your name as the preparer of the document and the name of the reviewer of the document. The reviewer should be someone familiar with the position and the essential functions of that job. Have another person review the justification to ensure the accuracy of the information.

Enter the employee's name and job title.

Enter the employee's name again in the Background Data section. Enter the date of the Medical Certificate you are using to determine if you need to cure or requesting a second or third opinion is necessary. [such as ADA Essential Function Job Analysis - Health Care Provider Analysis Form (FEHA/ADA Medical Certificate) or CFRA Medical Certificate or even Workers' Compensation Medical Certificate] Then list, verbatim the areas that are not clear and/or the restrictions on FEHA/ADA Medical Certificate.

If you are using more than one medical certificate, enter each one in chronological order with the respective restrictions.

Next review the clarification questions and check “Yes or No” next to each one.

Use the “Actual Usage” table if the employee is taking intermittent, or working a reduced schedule, to determine how much the employee is going over or under the prescribed need. This table can also be used if the employee’s ADA Medical Certificate shows a certain amount of continuous leave and more or less has been used.

This form will not be given to the employee, but it will be kept in her or his medical file.

Make sure your usage calculations are accurate and that your reviewer is unbiased.

If you deemed the need for a second or third opinion is necessary, please see the following letters:

FEHA/ADA –

- ADA Medical Certificate Clarification Request - Good Faith Meeting Letter (FDCA1107)
- ADA Medical Certificate Clarification Second Request - Good Faith Meeting Letter (FDCA1108)
- ADA Accommodation Ended - Return to Work No Restrictions (FDCA1113)

CFRA –

- CFRA Medical Certificate Curing Extension Letter (CAA2107)
- CFRA Exceeding Medical Certificate - Advise to Cure or Seek Second Opinion - Medical Certificate Did Not Cure (CAA2108)
- CFRA Second Opinion Clarification Regarding Medical Certificate (CAA2109)
- CFRA Exceeding Medical Certificate - Notice for Second Opinion (CAA2110)
- CFRA Third Opinion Clarification Regarding Medical Certificate - Conflicting 1st and 2nd Opinion (CAA2111)
- CFRA Employee Request for Third Opinion (CAA2112)
- CFRA Third Opinion - Exceeding Medical Certificate - Conflicting 1st and 2nd Opinion (CAA2113)
- CFRA Denial - Not Complying with Medical Certificate Requests (CAA2115)