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CFRA Second Opinion Clarification Regarding Medical Certificate - WC - Training
Narrative (CAA2209)

Purpose: Use to notify the employee that there clarification needed regarding the medical certification as it related her or his serious health condition and you are requiring a second opinion. Note: for family members under CFRA you should not obtain second/third opinions for CFRA family member leave. This letter also notifies the employee that Workers' Compensation and CFRA leaves are completely separate from each other.

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.

To update the blue highlights, begin by executing a "Find and Replace" for the word "Company." Replace "Company" with your organization's business name.

On the last page, put your name, title and contact information.

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

The first few yellow highlights include the current date and the name and address of the employee. Date the letter the day it will be mailed to the employee.

- Enter the date the Curing letter was mailed. Customize this section if the employee did respond but the information provided but did not cure the problem.
- Enter the date you received the Medical Certificate and then the actual date of the medical certificate. Then list, verbatim, the restrictions on the medical



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certificate. Do not enter your comments here regarding what needs to be clarified.

- Enter the second opinion appointment date and time. Next enter the provider's name, telephone number and address.
- Then enter the date the second opinion Medical Certificate is due which will be fifteen (15) days from the date that letter is mailed out. This needs to be flexible if there is a delay in scheduling the appointment with the medical provider.
- Next list the parts of the medical certificate that are not clear. Be specific about what it is not clear so that the Health Care Provider can answer your specific question(s).
- Enter the name of the position that employee occupies.

Be sure to follow up with the employee at least 2 days before his/her medical certificate is due. While this may feel like an administrative burden, you are essentially putting the "human" back in to Human Resources. You are acting in good faith to be sure the employee submits the required document to get the leave authorized.

Under the enclosures section:

1. Medical Certification Form
2. California Family Rights pamphlet
3. California Family Rights Act (CFRA) Medical Certification form. Enter the date of the enclosed medical certificate. List each separately if there is more than one.
4. Include the most current Job Description. Ensure the employee's title matches that of the Job Description. Be sure to include the Job Description so the health care provider can use it when completing the FEHA/ADA Medical Certificate. You do not want the employee to tell the health care provider what the job entails.
5. Include a blank Authorization for Release of Medical Information (GE1004) if you do not have one on file. These are always nice to have, however it is not



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required to obtain information that allows to understand if the employee is a Qualified Individual with a Disability and to determine if an accommodation is required to perform the functions of the job. It is not appropriate to inquire into the medical history of the employee. Stay focused on what functions of the job they can perform with or without accommodation. This completed form allows you to engage in conversations with the medical provider if you need obtain additional information to determine if you can provide accommodation(s) without causing your organization undue hardship and the employee has been unsuccessful in providing it to you. However we always suggest you do so with the employee present.

Once the letter has been completed, we suggest reading through it or having someone else proofread it to be sure that it makes sense and sections weren't missed. We also suggest sending the letter via regular and certified or return receipt mail so that there isn't any question that the employee has received the letter. Maintain a copy of the letter sent in the employee medical file, and if you are utilizing our Medical Leave Management (MLM) timeline (GE1007), update the timeline with the title of the letter and the date sent along with any other important dates such as a medical certificate expiration date, due dates, benefit expiration, etc.

It's important to document ALL conversations with the employee as well as maintaining a record of all documents sent to and received from the employee on the MLM timeline.

If the employee does not respond to the request, please see *CFRA Denial - Not Complying with Medical Certificate Requests - ADA - FEHA Conditional Designation (CAA2303)*