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)

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:

[ ] employee’s spouse [ ] grandparent [ ] guardian

[ ] employee’s common-law spouse [ ] sibling [ ] in-loco parentis

[ ] parent (step/adoptive) [ ] child (step/adoptive)

[ ] parent-in-law [ ] 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, sisters, 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.