

COMBINED FEDERAL AND VERMONT FAMILY & MEDICAL LEAVE DEFINITIONS

A **Serious Health Condition** means an accident, illness, injury, impairment, disease or physical or mental condition that involves one of the following:

1. HOSPITAL CARE

Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of **incapacity**¹ or subsequent treatment in connection with or consequent to such inpatient care.

2. ABSENCE PLUS TREATMENT

(a) A period of **incapacity** of more than **three consecutive calendar days** (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:

(1) **Treatment**² **two or more times** by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services (e.g. physical therapist) under orders of, or on referral by, a health care provider; or

(2) **Treatment** by a health care provider on **at least one occasion** which results in a **regimen of continuing treatment**³ under the supervision of the health care provider.

3. PREGNANCY

Any period of **incapacity** due to **pregnancy**, or for **prenatal care** requiring continuing treatment by or under the supervision of a health care provider.

¹ Here and elsewhere on this form, the information sought relates **only** to the condition for which the employee is taking family/medical leave.

² Treatment includes examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does not include routine physical examinations, eye examinations, or dental examinations.

³ A regimen of continuing treatment includes, for example, a course of prescription medication (e.g. an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition. A regimen of treatment does not include the taking of over-the-counter medications such as aspirin, antihistamines, or salves; or bed-rest, drinking fluids, exercise, and other similar activities that can be initiated without a visit to a health care provider.

4. CHRONIC CONDITIONS REQUIRING TREATMENTS

A **chronic condition** requiring continuing treatment by or under the supervision of a health care provider which:

- (1) Requires **periodic visits** for treatment by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider;
- (2) Continues over an **extended period of time** (including recurring episodes of a single underlying condition); and
- (3) May cause **episodic** rather than a continuing period of incapacity (e.g. asthma, diabetes, epilepsy, etc.).

5. PERMANENT/LONG-TERM CONDITIONS REQUIRING SUPERVISION

A period of **incapacity** which is **permanent or long-term** due to a condition for which treatment may not be effective. The employee or family member must be **under the continuing supervision of, but need not be receiving active treatment by, a health care provider**. Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.

6. MULTIPLE TREATMENTS (NON-CHRONIC CONDITIONS)

Any period of absence to receive **multiple treatments** (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for **restorative surgery** after an accident or other injury, **or** for a condition that **would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment**, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), kidney disease (dialysis).

7. IMMINENT DANGER OF DEATH

8. IN-HOME CARE

Any period of absence requiring in-home care under the direction of a physician.