Certification of Health Care Provider for Medical Support Continuation

To initiate a request for Medical Support Continuation (MSC), a University of Pennsylvania graduate worker should:

- Submit a completed Request for Medical Support Continuation (MSC) form and a completed Certification of Health Care Provider for Medical Support Continuation (MSC) form.
- For this form, graduate workers are to: (1) complete Section 1 below, (2) provide a copy of their appointment letter to their health care provider and (3) have their health care provider complete Section 2. All documents, including the graduate worker's appointment letter, must be attached to this form.
- The health care provider should submit the completed Certification of Health Care Provider for Medical Support Continuation (MSC) form to prov-medsupportcont@pobox.upenn.edu.

Section 1: To Be Completed by the Graduate Worker

Name: _____

Penn ID: _____

Email: _____

Phone: _____

Graduate Group: _____

Current Role (Teaching Fellow / Research Fellow / Predoctoral Trainee): _____

Research Fellow/Predoctoral Trainee Department/Lab (if applicable): _____

Teaching Fellow Course Title (if applicable): _____

Appointment Start Date: _____ Appointment End Date: _____

Release of Information

I hereby authorize the release of the following information to Penn for the purpose of determining the availability of Medical Support Continuation (MSC). I further authorize Penn to seek clarification of this documentation, if necessary, by contacting my physician or care provider. If my physician or care provider requires that a HIPAA release be signed before they will release information related to my medical condition and the Medical Support Continuation requested, I agree that I will promptly execute the HIPAA release.

I understand that: 1) this authorization will expire on the day my employment at Penn in the appointment for which I am seeking Medical Support Continuation ends; 2) I may revoke this authorization at any time, in writing, except to the extent that action has been taken in reliance on this authorization; 3) my provider may not refuse to treat me if I refuse to sign this authorization; and 4) once this information is disclosed pursuant to this authorization, it may be subject to disclosure to appropriate University personnel with a need to know in order to address my MSC request. I give this authorization voluntarily and with full understanding of its nature.

Graduate Worker Signature _____ Date _____

Section 2: To Be Completed by the Graduate Worker's Health Care Provider

Dear Health Care Provider:

Certain University of Pennsylvania graduate workers are eligible for up to six weeks of Medical Support Continuation (MSC) if they experience a temporary medical condition that materially limits their ability to perform their assigned instructional or research services duties in a Teaching Fellow or Research Fellow/Predoctoral Trainee role, provided that they are able to continue their academic activities during this period. Graduate workers must provide documentation from their health care provider with sufficient information for the University to determine that (a) the graduate worker is experiencing a temporary medical condition that materially limits their ability to perform their assigned instructional or research services duties, and (b) the time period during which the graduate worker will be materially limited due to the temporary medical condition. As the graduate worker's health care provider, you are asked to fully complete the below questions. Additional information can be attached, if necessary. It is requested that you do not provide any genetic information when completing this form.[1]

To complete this form, you should review the graduate worker's appointment duties, as described in the appointment letter the graduate worker has attached. If the appointment letter has not been provided, please contact the graduate worker and let them know you cannot complete this form without that document. Thank you for your assistance.

1. Does this graduate worker have a temporary medical condition? YES ☐ NO ☐
If Yes, please provide:
   a. The date the temporary medical condition began: _____
   b. The date the temporary medical condition is anticipated to end: _____
   c. Information regarding the temporary medical condition:

2. Does the temporary medical condition materially limit the graduate worker's ability to perform their assigned activities as described in their appointment letter: YES ☐ NO ☐

   a. Is this impacted appointment related to Instructional Services activities (Teaching Fellow)?
      YES ☐ NO ☐

   If Yes:

   - Please indicate the start and end dates for the period when the temporary medical condition will materially limit these activities:
     Start Date: _____ End Date: _____

   - Please indicate how the temporary medical condition will materially limit the graduate worker's ability to perform their assigned duties? (e.g., what duties can they not perform)

[1] The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information " as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), genetic services, as defined in 29 C.F.R. § 1635.3(e), or the manifestation of disease or disorder in the employee's family members, 29 C.F.R. § 1635.3(b).

- Are there reasonable accommodations that could be provided which would enable the graduate worker to continue to perform their assigned job duties rather than taking time away from them and utilizing MSC? YES ☐ NO ☐
  (If Yes, the graduate worker will be referred to the reasonable accommodation request process through the Office of Equal Opportunity Programs.)

b. Is the impacted appointment related to Research Services activities (Research Fellow or Predoctoral Trainee)? YES ☐ NO ☐

If Yes:

- Please indicate the start and end dates for the period when the temporary medical condition will materially limit these activities:
  Start Date: _____ End Date: _____

- Please indicate how the temporary medical condition will materially limit the graduate worker's ability to perform their assigned duties? (e.g., what duties can they not perform)

- Are there reasonable accommodations that could be provided which would enable the graduate worker to continue to perform their assigned job duties rather than taking time away from them and utilizing MSC? YES ☐ NO ☐
  (If Yes, the graduate worker will be referred to the reasonable accommodation request process through the Office of Equal Opportunity Programs.)

3. Will the graduate worker be able to continue with their academic activities despite the temporary medical condition? YES ☐ NO ☐

Thank you for your assistance in providing this information so that we may assess the graduate worker's request. Please complete the following.

Physician/Care Provider Signature: _____ Date:_____

Physician/Care Provider Name (print): _____

License Number: _____ State: _____

Specialty: _____

Address: _____

City: _____State: _____ Zip Code: _____

Phone Number:
_____

Please return this completed form to: prov-medsupportcont@pobox.upenn.edu.