Western Washington Medical Group

Marysville Family Medicine

FMLA/Disability Information Worksheet

In order to facilitate us in the accurate and timely completion of your FMLA and disability paperwork, please provide us with the following information.

Name: _____ DOB: _____ Doctor: _____

1. Specify whether FMLA is for patient, spouse, or other family member: _____
2. Reason for leave (pregnancy, surgery, etc): _____
3. Date leave begins: _____
4. Date leave ends or number of weeks of leave requested: _____
5. Hospital admission and discharge dates: _____
6. Any complications (please be specific): _____
   _____
   _____
7. Complete your sections of the paperwork (marked "employee"), including signing the authorization for release of records.
8. When completed, please specify if you want this paperwork:
   a. Mailed to this address: _____
   b. Call when ready for pick up, to this number: _____
   c. Faxed to this number and attention to: _____
9. Any other information you feel we need to complete this paperwork: _____
   _____
   _____
   _____
   _____
   _____

Please allow up to 1 week for completion