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U.S. DEPARTMENT OF AGRICULTURE  
FOOD SAFETY AND INSPECTION SERVICE

## CONFIDENTIAL MEDICAL DOCUMENTATION

*(To be completed by Health Care Provider)*

**INSTRUCTIONS:** Your patient is an employee with the U.S. Department of Agriculture (USDA), Food Safety and Inspection Service (FSIS) and has requested to receive donated leave from the Leave Bank Program for an extended absence due to a personal or family medical emergency. Please provide the following medical information to your patient, including as much detail as possible (Please refrain from using technical terms), so he or she can send it to [LeaveBankProgram@usda.gov](mailto:LeaveBankProgram@usda.gov) or fax to 202-720-5124.

Patient Name:

### PART I - CURRENT EVALUATION, ANALYSIS AND TREATMENT

1. Medical reason leave is needed:

2. Nature of medical emergency:

3. Anticipated duration (start and end dates) of medical emergency::

4. If medical emergency is intermittent, describe duration and frequency:

### PART II - CERTIFICATION

I certify that the absence or treatment noted above is necessary to return the patient to a healthy condition or to accommodate his/her medical condition. The patient is unable to work, because of the reasons stated in Part I of this application. This application may also apply to caring for a family member. An appropriate family member may apply on behalf of an incapacitated family member.

Name of Health Care Provider:

Health Care Provider Facility Address:

Phone Number:

Email:

Fax Number:

Health Care Provider Signature:

Date:

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**AUTHORITY:** The Food Safety and Inspection Service is authorized by Title 5, Code of Federal Regulations, Part 630, Subpart J, Leave Bank Program, to collect the information on this form. Solicitation of this information is also authorized by Section 6367 of Title 5, United States Code, regarding determination if an individual is eligible to receive donated leave due to a personal or family medical emergency.

**PRINCIPAL PURPOSE(S):** To obtain medical information from FSIS employees to assist in determining eligibility to receive donated leave from the leave bank. Additional potential uses of this information include using it to ensure fair and consistent treatment of employees and to adjudicate claims of discrimination under the Rehabilitation Act of 1973, as amended.

**ROUTINE USE(S):** The information will be used by and disclosed to FSIS personnel and contractors or other agents who need the information to implement and maintain the Leave Bank Program.

**DISCLOSURE:** Disclosure is voluntary. However, failure by an employee to provide the information may result in a denial to become a leave recipient.