

**ABSENCE CERTIFICATE**  
**United Medical**

Employees must schedule medical appointments outside of work hours; medical care that is not available outside the employee's work hours must be documented and scheduled at the beginning or end of their shift. Job Descriptions available through your supervisor and in the Flying Together website.

EMPLOYEE: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ DEPT CODE: \_\_\_\_\_

**To Be Completed by Health Care Provider**  
**upon review of the job description**

- I HAVE REVIEWED THE JOB DESCRIPTION AND DETERMINED:
- ABLE TO RETURN TO FULL DUTY WITHOUT WORK RESTRICTIONS: \_\_\_\_/\_\_\_\_/\_\_\_\_
  - ABLE TO WORK WITH RESTRICTIONS FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_
  - UNABLE TO WORK FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**MEDICAL FACTS SUPPORTING THE NEED TO BE OFF WORK** (describe specific job duties unable to perform): *For CA employees, this section is optional, do not disclose the underlying diagnosis on this form without consent from the co-worker.*

\_\_\_\_\_  
\_\_\_\_\_

**GENERAL TREATMENT PLAN:**

\_\_\_\_\_  
\_\_\_\_\_

**PROGRESS OF TREATMENT:**

\_\_\_\_\_  
\_\_\_\_\_

**SPECIFIC WORK RESTRICTIONS AND ESTIMATED DURATION** (i.e. 50 lb. lifting limit, no typing, maximum of 4 hrs. standing, etc.):

\_\_\_\_\_  
\_\_\_\_\_

**PAST OFFICE VISITS FOR CONDITION:** \_\_\_\_/\_\_\_\_/\_\_\_\_; \_\_\_\_/\_\_\_\_/\_\_\_\_; \_\_\_\_/\_\_\_\_/\_\_\_\_; \_\_\_\_/\_\_\_\_/\_\_\_\_

**NEXT APPOINTMENT:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**HEALTH CARE PROVIDER (HCP) INFORMATION:**

PRINTED NAME: \_\_\_\_\_ TYPE OF PRACTICE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ FAX NUMBER: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

HCP'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please fax the completed document to United Medical: (847) 700-2600**  
If you have any questions, please contact the Employee Service Center: 1-877-UAL-ESC9

*To comply with the Genetic Information Nondiscrimination Act (GINA), do not provide any genetic information (family medical history, sought or received genetic services, results of genetic tests, genetic information of a fetus/ embryo) when completing this form.*