

FMLA Information – Adult Child

Under the Family and Medical Leave Act (FMLA), an eligible employee is entitled to FMLA leave to care for a child¹ under the age of 18 with a serious health condition². The employee need only provide the employer with medical documentation that the child has a serious health condition.

FMLA also provides eligible employees with leave to care for an adult child (18 years or older), however, the standard is much different than a child under the age of 18. In order to be eligible for FMLA leave, the employee must request leave to care for an adult child with a serious health condition who is incapable of caring for themselves due to a mental or physical disability, as defined by the Americans with Disabilities Act (ADA).

FMLA regulations adopt the ADA's definition of "disability" as a physical or mental impairment that substantially limits a major life activity. FMLA regulations define "incapable of self-care because of mental or physical disability" as when an adult child requires active assistance or supervision to provide daily self-care in three or more of the 'activities of daily living'³ or 'instrumental activities of daily living'⁴.

Therefore, a parent will be entitled to take FMLA leave to care for an adult child, if the adult child:

1. Has a disability as defined by the ADA;
2. Is incapable of self-care due to that disability;
3. Has a serious health condition; and
4. Is in need of care due to the serious health condition.

It is only when all four requirements are met that an eligible employee is entitled to the FMLA leave.

To the physician completing this form:

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 employees or their family members. In order 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 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.

¹ A biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis.

² The FMLA defines a serious health condition as an illness, injury, impairment, or physical or mental condition that involves inpatient care or continuing treatment by a health care provider.

³ FMLA regulations include grooming, hygiene, bathing, dressing, and eating as examples of "activities of daily living".

⁴ FMLA regulations include cooking, cleaning, shopping, taking public transportation, paying bills, maintaining a residence, using telephones and directories, and using a post office as examples of "instrumental activities of daily living".

Adult Child Disability Medical Inquiry Form

To approve your request for FMLA leave to care for an adult child, UTSA is requesting medical information and documentation to determine if the leave you are requesting qualifies for leave under the FMLA (29 CFR § 825.112 (a) (3)). Specifically, the leave must be to care for an adult child (a biological child, adopted child, foster child, step-child, legal ward, or child for who you stood "in loco parentis"), who meets both of the following criteria at the time of the requested leave:

1. Be deemed "incapable of self-care because of a physical or mental disability" as described in 29 § CFR 825.112(c)(1), (2) and 29 CFR § 1630.2(h), (i) and (j); and
2. Have a "serious health condition" as described in 29 CFR § 825.113 – 825.115.

Please have the adult child's medical care provider complete this form and e-mail it to People Excellence at benefits@utsa.edu along with the [Certification of Family Member's Serious Health Condition](#) form.

Employee Name (Print): _____

EMPLID: _____

Name of Adult Child (Patient): _____

1. Does the adult child have a physical or mental impairment that substantially limits one or more of the major life activities of an individual? Yes ____ No ____
2. If yes, can you confirm that at this time/the time of the requested leave, the adult child's physical or mental impairment causes him or her to be "incapable of self-care" in at least three "daily living activities" in question 3 listed below? Yes ____ No ____
3. Please check applicable activities:

<input type="checkbox"/> Grooming and hygiene	<input type="checkbox"/> Taking public transportation
<input type="checkbox"/> Bathing and dressing	<input type="checkbox"/> Paying the bills, using a bank and post office
<input type="checkbox"/> Feeding and eating	<input type="checkbox"/> Helping to maintain a residence
<input type="checkbox"/> Cooking and preparing meals	<input type="checkbox"/> Other (Please specify)
<input type="checkbox"/> Cleaning of dishes and of clothing	
<input type="checkbox"/> Shopping for normal basic living	
4. If yes, please provide the expected period during which the adult child will be incapable of self-care in the identified activities:

Medical Provider's Signature: _____

Date: _____

Medical Provider's Printed Name: _____

Medical Provider's E-mail Address and Fax Number: _____

Employee Signature: _____

Date: _____