United States Bankruptcy Court
District of Minnesota

Medical Certification for an Employee's Family Member's Health Condition

Please complete the following form for your patient who is a family member of an employee of the United States Bankruptcy Court Clerk's Office. Once completed, this form may be returned to the patient, or the employee, or forwarded to Human Resources, (CONFIDENTIAL), United States Bankruptcy Court, 301 U.S. Courthouse, 300 S. Fourth St., Minneapolis, MN 55415 or send via Fax to 612-664-5333.

Employee name:	Today's date:
Family member name:	Relationship:
Health Condition of Family Member:	
Remarks:	

I certify that the above family member is under my professional care and that the family member is in need of assisted care as noted:

☐ requires psychological comfort and or physical care;

☐ would benefit from the employee's care or presence; and

the employee is needed to care for the family member for a specified period of time as indicated,

_____

Signature of professional:	Date:
Address and phone number of professional:	