

Health and Medical Service



Handbook EL-806

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CHAPTER 1

ADMINISTRATIVE PROCEDURES

The term medical officer, as used in this handbook, includes physicians under contract with the Postal Service.

110 EMERGENCY REQUIREMENTS

111 Nursing/First Aid

Nursing care is given for minor injury or illness when no major disability is present or anticipated. In more critical cases, only emergency first aid is given and the patients are referred to their private physicians or the nearest hospital.

112 Transportation to Hospital

Patients able to travel safely by ordinary means are sent by most available means of transportation. When regular transportation may cause further injury or jeopardize recovery, patients are moved by ambulance. Use rescue squad or police ambulance when available.

113 Posted Instructions

113.1 Location.

Ambulance information and instructions must be posted in the medical/health unit and at all work stations. Post work-related and nonwork-related data as follows.

113.2 Work-Related Cases

- a. Call nearest ambulance.

Rescue Squad: (phone & location)

Police: (phone & location)

Hospital: (name, phone, address)

- b. Identify yourself, state nature of patient injury or illness.
- c. Give address and entrance location.
- d. Take patient to entrance, instruct driver.
- e. Call hospital, identify patient.

- f. Call patient's physician. Billing instructions: Send to district OWCP office.

- g. Notify employee's supervisor and Injury Compensation Office.

113.3 Nonwork-Related Cases

- a. Call employee's physician, write down instructions. If physician is unknown or unavailable, call nearest ambulance. (List same as work-related.)

- b-d. Same as work-related.

- e. Call hospital, identify patient. Billing instructions: Send to patient.

- f. Notify employee's supervisor and personnel office.

114 Customers and Visitors

114.1 Limitations

.11 Examination/first aid may be offered only to customers or visitors who are ill or injured on USPS or government property. Aid may be given in obtaining transportation to the person's private physician or to a hospital. However, transportation will be at no cost to the Postal Service.

.12 Emergency treatment is limited to examination/first aid only and does not include followup treatment. Anyone injured on USPS or government property may be given first aid if the person is brought to the medical/health unit and requests help.

.13 Emergency treatment must not be construed as assumption of responsibility by the government or USPS.

.14 Accurate and detailed medical records must be kept of all examinations and first aid, including history, physical findings, diagnosis, and any medication administered.

114.2 Authorization

.21 Postal officials in charge or the Inspection Service may request an examination of customers and visitors. This will be done by the medical officer only after written permission is obtained from the patient.

.22 If the patient is represented by an attorney, authorization must be furnished by the attorney before the examination is performed.

120. COMPENSATION CASES**121 Federal Employee Compensation Act (FECA)****121.1 Authority**

The FECA provides compensation for death, disability, and medical care for civilian government employees when injuries or illness are directly job related.

121.2 Restrictions. No benefits are paid if the death, injury, or illness was caused by:

- a. Willful employee misconduct.
- b. Intentional harm to self or others.
- c. Verified intoxication

Note: Use of drugs and narcotics that are not prescribed by a physician usually fall under a, b, or c above.

122 Office of Workers Compensation (OWCP)**122.1 Reporting Responsibility**

Use OWCP forms only if death, injury, or illness is job related. Medical personnel in medical/health units are not responsible for the completion of OWCP forms unless they are designated as a control point (in Injury Compensation guidelines), or if the medical officer is elected as the treating physician.

122.2 Reporting Forms

Form CA-16 is completed whether employees are treated in the medical unit or by their private physicians. When an employee elects the medical officer as the physician of choice, the medical officer completes the reverse of Forms CA-16 or CA-20 and the physician's portion of Form CA-17, or

submits a narrative summary attached to Form CA-16.

130 PRE-EMPLOYMENT EXAMINATION**131 Requirement**

Every applicant for postal employment must have a pre-employment medical examination to determine placement suitability, regardless of the type or duration of appointment.

132 Responsibility**132.1 Hiring Official.**

Provides the examining physician with Form 2485, the position description, and any information about the applicant pertinent to a medical recommendation (employment history, prior service, etc.). (See 320, Handbook P-11.)

132.2 Registered Nurse

.21 Assists the applicant as necessary in recording medical history. Completes the top of Part 3, Form 2485, after performing the following parts of the examination:

- a. Height
- b. Weight
- c. Eyes
- d. Ears
- e. Blood Pressure
- f. Pulse
- g. Urinalysis

.22 Reviews all Forms 2485 received from private physicians. Refers any form indicating a possibility of medical unsuitability to the area medical office for final evaluation.

132.3 Examining Physician

Completes Parts 2 and 3, Form 2485. All positive checkmarks in the medical history must be explained in the Notes section.

132.4 Medical Officer

Receives Parts 2 and 3 of Form 2485 (or completes them if he is also the examining physician). Completes Part 1, Section C, and returns only that part to the hiring official.

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Note: In the 1979 and 1980 editions of Form 2485, handicap codes 80 - 93 MUST NOT be circled unless the medical officer is convinced that:

- a. The information is essential for management to make a hiring decision; or
- b. The cause and effect of impairment will create danger to the individual, coworker, or others.

133 Physical Standards

133.1 General

Standards for each position are published in the physical requirements paragraph of the examination announcement. However, only minimal standards are covered for vision, hearing, and orthopedic conditions. Because people with impairments in these areas comprise important segments of the labor market and qualify for many postal positions, specific standards are explained in the following sections. Key factors in determining suitability for employment are the applicants degree of adjustment to their disabilities and their past employment records. Applicants failing to meet the minimal postal requirements during the visual and audile screening may submit medical evidence to the contrary, at personal expense, before a final decision is made.

133.2 Visual

.21 Driving Positions

.211 Any questionable eye condition must be reviewed by a board certified ophthalmologist.

.212 For positions requiring the operation of vehicles less than 10,000 pounds, GVW, the applicant must be able to read typewritten material without strain, glasses permitted. Applicants must have vision of at least 20/40 (Snellen) in one eye, with or without glasses.

.213 For positions requiring the operation of vehicles 10,000 pounds or more, the applicant must be able to read typewritten material without strain, glasses permitted. Applicants must maintain vision that tests at least 20/30 (Snellen) in one eye and 20/50 (Snellen) in the other eye, with or without glasses.

.214 Applicants who are blind in one eye (or have only one eye) are eligible to drive right- or left-hand vehicles of less than 10,000 pounds, provided there is vision of at least 20/40 (Snellen) in the remaining eye, with or without glasses.

.22 Nondriving Positions

Most nondriving positions require at least 20/40 (Snellen), as corrected. Applicants who have one blind eye and one good eye qualify since the ability to judge distance after the loss of an eye may, to some extent, be reacquired. Most applicants may even be placed in assignments involving climbing, use of ladders, and high elevations.

.23 Color Perception

The ability to recognize colors, either basic or shades, is required for most positions. Many people with impaired color perception cannot differentiate between red and green, but can distinguish blue and yellow. (For this reason, most traffic signals now have a strong blue component in the green light.) For positions requiring perception of basic colors only, applicants are eligible who pass the Ishihara Pseudo-Isochromatic Plates, the Holmgren Yarn Test, or the Williams-Lanter Test.

.24 Near Perception.

Applicants must be able to read print the size of Jaeger No.2 with or without glasses, one or both eyes, for most positions.

133.3 Audile

.31 Driving Positions

.311 For positions requiring the operation of vehicles less than 10,000 pounds, there is no hearing examination and most applicants qualify for the SF-46 identification card.

.312 Applicants may be required to use vehicle intercoms. For positions requiring the operation of vehicles of 10,000 pounds or more, applicants must be able to hear the conversational voice in one ear, hearing aid permitted.

.32 Nondriving Positions.

For most nondriving positions, applicants must be able to hear the conversational voice, with or without a hearing aid.

However, the totally deaf may qualify for some nonhazardous positions.

133.4 Orthopedic

.41 Driving Positions

.411 Amputation, deformity, or flat feet do not necessarily disqualify applicants for driving positions. The degree of functional impairment must be considered, especially in the use of shoulder/hip/knee joints or the use of a prosthesis. The effective use of a prosthesis is more difficult for an arm than for a leg, and related loss of dexterity must be evaluated. All body extremities must be sufficiently functional to permit safe driving. This applies to any size of vehicle.

.412 Nondriving Positions

Applicants having flat feet, minimal deformity, or amputation below the knee fitted with a prosthesis are eligible for most positions. Special attention must be given to muscular power, body coordination, and joint flexibility required in the position description. Severe functional impairment is not acceptable. Generally, amputees are more easily appointed than people with extreme deformities. However, in all three of these conditions there may be limitations in prolonged walking, standing, and sometimes in manual dexterity.

134.1 Medical Records

134.1 Medical Officer

When the pre-employment examination is conducted by a medical officer or contract physician, request the Veterans Administration (VA) or other relevant medical records in advance to permit sufficient time to review before scheduling the examination.

134.2 Private Physician

When the examination is performed by a private physician, the USPS does not make available VA or other relevant records. Medical records are secured by the hiring official and sent after the examination to the medical officer, with a copy of completed Forms 2485 and 2591 and other data pertinent to medical suitability.

134.3 Confidentiality

Medical records must be transmitted through the personnel office to the medical officer or contract physician. If the post office with the vacancy has no personnel office, state on the request that records must be sent to the MSC for transmittal to the medical officer or contract physician. Confidentiality of medical information is essential.

135 Review and Appointment

135.1 Requirement

All pre-employment medical examinations performed by private physicians are reviewed by medical officers, contract physicians, or health unit nurses. These reviews must be completed before the applicant is appointed to the position.

135.2 Handicap Considerations.

Every effort should be made to recognize the abilities of handicapped applicants and, when they are medically unsuited for one position, to recommend they apply for other positions that they can perform within their limitations. Explain why the handicap precludes employment in that job description.

140 UNSUITABILITY DETERMINATION

141 Responsibility

141.1 Hiring Official.

The installation head or hiring official makes the final decision in determining fitness for employment, notifies applicants of the decision, and informs them of appeal rights.

141.2 Medical Officer.

While the hiring decision rests with the installation head or appointing official, the determination of medical unsuitability rests with the medical officer.

142 Medical Evaluation

142.1 Conflicting Opinions

.11 Suitable Evaluation

When the hiring official considers an applicant unsuitable in disagreement with

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the medical officer and the matter cannot be resolved locally, the case is sent through channels to the Regional General Manager, Employee Relations Division, for further review by the Regional Medical Director.

.12 Unsuitable Evaluation

When the hiring official considers the applicant fully capable of performing the functions of the job, or reasonable accommodation can be made for a disability, an unsuitable medical evaluation may be waived and the applicant appointed.

142.2 Mandatory Criteria

Before a medical officer determines unsuitability, ALL of the following requirements must be met.

.21 Any medical history records from outside sources forming the basis of the unsuitability evaluation must be current. Preferably, the medical opinion is based on an examination completed within the preceding 6 months.

.22 When a pre-employment examination is performed by a private physician and reviewed by the medical officer, a medical unsuitability based on the history or the examination may need to be supported by a second examination by the medical officer. A difference of opinion between the private physician and the medical officer must be resolved by a third party opinion of a board certified specialist. The expense of this consultation is borne by the USPS. No medical unsuitability is to be made on history or outside records alone.

.23 There must be a summary of the specific physical or mental functional requirements of the job for which the individual is applying, but cannot meet or perform. Direct connection between the applicant's disability and specific job requirements form the basis of the unsuitability evaluation.

142.3 Disability Waiver

.31 Considerations

Hiring official waivers of otherwise eligible applicants must give full consideration to employing the disabled and severely handicapped. The following areas

must be carefully evaluated before determining unsuitability (320, Handbook P-11):

- a. Past employment records.
- b. Muscular residual power, especially shoulder, hip, and knee joints.
- c. Coordination, equilibrium, endurance, and self-confidence.
- d. Effectiveness of artificial aids.
- e. Job environment and potential hazard to applicant or other employees.

.32 Personnel Code

When requirements are waived, the applicant is assigned the proper handicap code on the accession Form 50. The waiver is fully documented by memo and filed on the right-hand side of the Official Personnel Folder (OPF) with a copy sent to the medical/health unit. (See 132.4)

143 Applicant Notification

143.1 Requirement

When the pre-employment examination reveals a health problem of which the applicant is unaware, the medical officer discusses it with the applicant, recommends that a personal physician be contacted for treatment, and records the recommendations.

143.2 Exception

The discussion requirement is waived only in cases of severe psychiatric disability or a serious medical/surgical condition, when release of a diagnosis might be injurious to the applicant's well being. The information should be conveyed to a physician designated by the applicant.

150 UNSUITABILITY POLICY PROVISIONS

151 Explanation

The conditions described here require special procedures because of the wide variation possible in the extent or severity of the problem. For this reason, each case requires an individual suitability evaluation by a medical officer based on additional evidence obtained from the job applicant, attending physician, hospital, or laboratory. This applies to both employees and applicants.

152 Psychiatric Conditions

152.1 Policy

Approval for postal employment for applicants with a history of psychiatric conditions requires evidence of good mental health. This includes a current report from a physician or accredited medical facility familiar with the applicant's general health, diagnosis, treatment, and prognosis.

152.2 Unrestricted Assignment

A psychiatric history need not deny employment when the applicant is in adequate remission for at least 3 months as determined by a qualified physician trained in psycho-social diagnosis and treatment, or the condition was followed by a satisfactory employment history at a level commensurate with the individual's training.

152.3 Restricted Assignment

When the applicant has no prior employment or lacks a satisfactory employment history subsequent to psychiatric illness, the degree of recovery must be evaluated on the basis of a recent psychiatric examination. If this is unavailable, the applicant must submit to an examination. Applicants with a history of mental illness are restricted from positions requiring the possible use of firearms or contact with the public.

153 Seizures/Epilepsy

153.1 Policy.

Any seizure disorder will be evaluated on an individual basis depending on the requirements of the position.

153.2 Unrestricted Assignment

Following an acute seizure, an employee may return to the job upon certification by his physician, which must include the details of the neurologic exam and a lab report of serum level of the anticonvulsant medication. The previous 90-day restriction no longer applies. The medical officer must review this report and decide if any further consultation is necessary.

153.3 Restricted Assignment

.31 Hazardous duty is defined as working around moving machinery or on high

elevations. A history of seizure disorder may preclude an applicant from employment, and an employee from any hazardous job.

.32 An employee free of seizures for 2 years may be considered for return to a hazardous position upon certification by a board certified neurologist and review by the medical officer, with complete documentation of control.

153.4 Pre-employment

An applicant must be free of seizures for at least 2 years upon certification by a board certified neurologist. A report of the neurologic examination, the EEG, and the blood level of the anticonvulsant medication must be forwarded to the medical officer with complete documentation of control. This applies to both restricted and nonrestricted assignments.

154 Heart Disease

154.1 Policy

The opinion of a medical officer is mandatory when organic heart disease is involved. To estimate the working capacity of applicants with heart disease, the primary lesion cannot always be relied on. Some people with compensated valvular heart problems may be able to undergo far more strenuous exertion than others with normal cardiac function. It is not so much the primary lesion as the breakdown of compensatory mechanisms that leads to additional complications and diminished work capacity.

154.2 Classification Guidelines (Heart Association)

.21 Functional

.211 Class I. Persons with cardiac disease but without resulting limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea, or anginal pain.

.212 Class II. Persons with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea, or anginal pain.

.213 Class III. Persons with cardiac disease resulting in marked limitation of

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physical activity. They are comfortable at rest. Less than ordinary activity causes fatigue, palpitation, dyspnea, or anginal pain. Medically unsuitable.

.214 Class IV. Persons with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of cardiac insufficiency, or of the anginal syndrome are present even at rest. If any physical activity is undertaken, discomfort is increased. Medically unsuitable.

.22 Therapeutic

.221 Class A. No restriction of ordinary or strenuous activity.

.222 Class B. No restriction of ordinary activity; eliminate strenuous activity.

.223 Class C. Moderate restriction of ordinary activity; eliminate strenuous activity.

.224 Class D. Marked restriction of ordinary activity; eliminate strenuous activity. Medically unsuitable except possibly in unusual sedentary position.

.225 Class E. Complete restriction of ordinary activity; eliminate strenuous activity. Medically unsuitable.

154.3 Unrestricted Assignment

Consider the type of physical activity the applicant is accustomed to performing. Those engaged in arduous duty occupations may be able to continue the same or similar work because of bodily adaptation and ability to economize their energy.

154.4 Restricted Assignment

.41 Do not recommend that individuals be assigned to jobs requiring sudden spurts of strenuous activity.

.42 Do not recommend assignment of individuals subject to dizziness or faintness to duties involving high altitudes or hazardous conditions, such as driving or operating dangerous machinery.

.43 Do not recommend assignment of individuals with rheumatic heart disease to jobs conducive to respiratory infections

(exposure to cold or dampness, inclement weather, etc.)

155 Vascular Disease

155.1 Policy

Generally, vascular problems are not disabling of themselves and are monitored for medical suitability on the basis of additional complications.

155.2 Arteriosclerosis

Hardening of the arteries is present to some degree in nearly all people middle aged and older. Assignments are unrestricted, provided there is no indication of serious stricture in the blood vessels of the heart and brain.

155.3 Hypertension

High blood pressure is frequently discovered in the course of routine physical examinations. Assignments are unrestricted unless serious complications arise in the heart, the brain, or less frequently the kidneys. Applicants who have suffered any of these disorders must be carefully evaluated on the basis of resulting impairments, particularly in relation to hazardous work. Applicants with blood pressure readings over 160 systolic and 100 diastolic (160/100) must be referred to a medical officer. Readings may vary with age/sex - so must be evaluated by the medical officer.

155.4 Hypotension

Low blood pressure is usually asymptomatic. Assignments are unrestricted unless serious metabolic disorders or debilitation occur. If hypotension becomes symptomatic, it must be further evaluated by a medical officer.

156 Diabetes Mellitus

156.1 Policy

This is a chronic metabolic disorder requiring careful individual medical evaluation. Diabetes does not restrict physical activity and applicants may be employed in most positions, based on the severity and control of the disorder.

156.2 Definitive Diagnosis

.21 Fasting plasma glucon equal to or greater than 140 mgm on more than one occasion.

.22 Oral glucose tolerance test (GTT) not required if there is a current GTT on record; 75 mgm glucose load is administered after 3 days of unrestricted diet and physical activity. The test is positive if the 2 hour plasma glucose is equal to or greater than 200 mgm/ml and at least one value, between 0 time and 2 hours is equal to or greater than 200 mgm. Whole blood values are about 15% lower than the plasma values.

156.3 Evidence of Control

.31 Infrequent insulin reactions and reactions not severe enough to require help from others.

.32 Infrequent occurrence of symptomatic hyperglycemia or hyperglycemia with marked acetoneuria.

.33 Satisfactory supervision by a personal physician.

.34 No complications that would interfere with job performance or attendance.

.35 Review patient's record and job specifications with treating physician 6 months after appointment.

156.4 Unrestricted Assignment

.41 Treated by diet alone--capable of performing any job.

.42 Treated by oral blood sugar lowering agents--capable of performing any job.

.43 Treated by insulin--can perform any job for which qualified if none of the conditions in 156.5 exist.

156.5 Restricted Assignment

.51 Insulin Treatment

.511 Assign only to nonhazardous job where an unexpected insulin reaction cannot cause injury to themselves or others.

.512 Driving of passenger type vehicles and trucks is permissible if there is no altered state of consciousness for 1 year.

.513 Frequent shift changes or split shifts may be undesirable if interfering with the control of diabetes.

.52 Complications

Presence of significant complications regardless of treatment group (as noted above) -- cardiovascular, visual, renal, nervous, etc. This group is not suitable. The complications are the major causes of absenteeism related to diabetes.

156.6 Requested Exception

Any applicant appealing an unsuitability determination must request the treating physician to provide the following:

- a. Medical diagnosis showing the severity of the diabetes.
- b. Proof that there has been no insulin reaction, diabetic coma, serious side effects, or significant change in insulin dosage during the past 2 years.
- c. Proof of safe driving record and current state license, amount of driving, and types of vehicles operated.

157 Back Problems

157.1 Policy

Depending upon the history, prognosis, and degree and duration of disability, an applicant with back problems is eligible for employment. In questionable cases, a favorable spine x-ray and consultation with a board certified orthopedist are desirable.

157.2 Unrestricted Assignment

An applicant is considered a good risk if any disability does not interfere with his safety or performance of the job, including old injuries and stable disabilities.

157.3 Restricted Assignment

.31 Defects permitting moderate labor, but no continued heavy work involving the lower back include: laminectomy with no

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post operative symptoms for 6-12 months, moderate lordosis and lumbar sacral angulation, and spina bifida occulta (nonprotruding).

.32 Defects permitting only sedentary work and minor exertion but no lifting or manual labor include: advanced arthritis, spondylolisthesis (moderate), recent laminectomy (under 6 months), marked kyphosis, or flattening of lumbar spine, moderate scoliosis with deformity of thoracic cage, and true spina bifida. (protruding)

158 Contagious Diseases

158.1 Policy

All control of contagious diseases, except the common cold, are regulated by the local health department. Under no circumstances may an appointment be made, or an employee be returned to duty, until it is medically proven that the disease is under control and noncontaminating. This is reported on Form 2486. The medical staff is responsible for knowing local regulations.

158.2 Assignment

All assignments are restricted until there is no evidence of contagion.

158.3 Referral

There is no treatment involved. Isolate the applicant or employee and notify the medical officer, the patient's private physician, and the local Board of Health. Form 3956 is used for referral to the local health clinic for treatment.

158.4 Health Clearance

Tuberculous, venereal, and other contagious patients must present a certificate of health from a clinic or physician declaring the applicant or employee noninfectious before return to any duty.

160 FITNESS FOR DUTY EXAMINATION

161 Criteria

161.1 Authority

A fitness for duty examination will be required when it is necessary to determine whether or not an employee is able to

continue working or may return to his job after an absence due to illness or injury. Any absence of nonjob-related illness or injury over 30 days requires a medical clearance from the treating physician presented to the medical/health unit.

161.2 Approval

The examination requires the prior approval of the postmaster or designated official. The examination is performed by a medical officer or contract physician at no expense to the employee.

162 Procedures

162.1 Request

Using Form 2485, the employee's supervisor works with the personnel officer who requests the examination, and develops all pertinent facts concerning the influence of health factors on the employee's work performance. In occupational injury or illness, the injury compensation supervisor/specialist may also request the examination.

162.2 Review

The medical officer reviews all requests and asks the initiating supervisor for any further needed facts.

162.3 Report

On completion of the examination, the physician writes a fitness for duty report in lay terms on Section C, Part I, Form 2485, including any recommendation, and submits it to management.

162.4 Action

.41 Management is responsible for taking action required as a result of the examination.

.42 The medical officer is responsible for interpreting the medical findings to the employee.

170 MATERNITY REPORTING REQUIREMENTS

171 Prenatal

The pregnant employee is responsible for:

- a. Notifying the medical/health unit as soon as pregnancy is verified by her physician.

- b. Submitting a monthly health certificate, after the sixth month, signed by her obstetrician and stating her ability to continue working. A report is required more often than monthly if complications develop.

172 Postpartum

On return to work, the employee submits a postpartum medical clearance from her obstetrician specifying any job limitations and their duration.

180 EMPLOYEE DEATH

181 Disposition of Body

Notify police and coroner. Ask for instruction. DO NOT move the body without permission. Inform the deceased's immediate supervisor and the personnel office.

182 Disposition of Personal Property

The police department usually takes custody of any personal property or effects. If this is not feasible, place property in the custody of the spouse or other survivors. Make an inventory of each item and obtain a receipt from the individual assuming responsibility for the articles.

183 Official Report

Record the circumstances and medical findings in a clear summary report in triplicate. Retain one copy for medical/health unit files. Submit two copies to the official-in-charge for transmission to the Regional Director, E&LR. Death, due to injury while in performance of duty, must be reported to the local OWCP district office on Form CA-6, which is completed by an injury compensation specialist.

CHAPTER 2
MEDICAL RECORDS

210 SCOPE

211 Summary

Medical and health unit records are the basic documentation of employee injury, illness, and general physical fitness for continued employment. They are important aids in the administration of a health service program. This subchapter provides a general background on the nature of medical information found in postal installations. Specific records and procedures are covered in the remainder of Chapter 2.

212 Definition

A medical record is any document maintained by the USPS or a contract physician that contains medical/surgical information about current or former employees, or tentatively selected applicants for employment.

213 Objectives

The primary concern of the medical staff is the proper placement of employees in positions best suited to their physical capabilities. Accurate records provide:

- a. Reliable employee medical/surgical history and fitness for duty determinations.
- b. Improved health guidance.
- c. Competent handling of employee claims and protection rights under the FECA.
- d. Necessary statistics for improved work environment, medical summaries, cost analysis reports, and management planning.

214 Three Categories

There are three types of medical records maintained by the Postal Service.

214.1 Administrative Medical Records

.11 Content. These records provide medical information necessary for management decisions, and document management actions. They include such information as:

- a. Physician statements of employee ability to perform the duties of the position.
- b. Form 2485
- c. Form 3596
- d. Sick leave requests
- e. Blood donor records

.12 Form 2485.

The Certification of Medical Examination requires special attention. This form used for both pre-employment and fitness-for-duty examinations, and contains both administrative and restricted medical information. Several editions of the form are on file. To RECORD employee data, the July 1980 edition is the current form used in the medical/health units. However, depending on the date of employment/examination, any of the previous editions may be in individual files (July 1971, Aug 1977, June 1978, Apr 1979). For PROTECTION and DISCLOSURE of employee data, all editions are valid. See the following chart to compare revisions. Note that identical information is located in different parts of the 1971 and 1979 editions.

Comparison Chart

Edition	Parts	Completed By	Type of Information*
07-71	A - F	A: Applicant/Employee B: Appointing Officer C: Examining Physician D: Medical Officer E: Personnel Officer F: Examining Physician	Identification Position Requirements Examination Results (RESTRICTED) Determination Action Taken Handicap Code
08-77	A - F	Same as 07-71. Privacy Statement added.	
06-78	A - F	Same as 08-77. Minor revisions.	
04-79	1 - 3, Secs. A - F	MAJOR REVISIONS 1-A: Appointing Office B: Appointing Officer C: Medical Officer D: Appointing Office 2-E: Applicant 3-F: Examining Physician	Employee Identification Position Requirements Determination/Handicap Codes Action Taken Medical History (RESTRICTED) Examination Results (RESTRICTED)
07-80	1 - 3	Same as 04-79. Minor revisions.	

* Types of information that are not designated "(Restricted)" are considered to be administrative records.

NOTE: In the 1979 and 1980 editions, Handicap Codes 80 through 93 must not be circled unless the medical officer is convinced that:

- a. The information is essential for management to make a hiring decision, or
- b. The cause and effect of impairment will create danger to the individual, coworkers, or others.

.13 Availability. Administrative medical records may be made available to postal managers and other authorized officials when required for official business. However, legitimate need-to-know must be established before records will be released.

214.2 OWCP-Related Medical Records

.21 Content

These records provide medical information required by the Office of Workers' Compensation, and specifically relate to injuries or illnesses for which compensation is claimed. They are maintained by USPS injury compensation control officers. Documentation includes Department of Labor forms and relevant medical data provided by a physician.

.22 Availability. OWCP-related records may be made available to postal managers and other authorized officials for injury compensation program matters. (See ELM 540.)

214.3 Restricted Medical Records

.31 Content. These records are limited to medical personnel/facilities only. They contain detailed medical information and are, for the most part, maintained in official employee medical folders (case files). Restricted medical records include such information as:

- a. Forms 2485. Both pre-employment and fitness-for-duty examinations, all editions of the form. (See Comparison Chart at 214.12.)

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- b. Forms 1752 and other records containing both personal medical information and internal health unit operations.
- c. Employee medical histories.
- d. Physician diagnoses and prognoses.
- e. Medical separation/retirement specifics.
- f. Dependent child determinations based on medical data.
- g. Employee exposure and reaction to toxic substances and related medical findings.

.32 **Availability.** Restricted medical records may be disclosed only under specific conditions and authority. (See 220.)

215 Responsibility

The medical professional (medical officer, contract physician or nurse) on duty and in charge of the medical facility (Postal Service health or medical unit or the office of a contract physician) is the custodian of medical records maintained within that facility. As such, the custodian is legally responsible for the retention, maintenance, protection, disposition, and disclosure of these records.

220 PROTECTION/DISCLOSURE

221 Protection

221.1 Confidentiality

Because of the highly sensitive nature of detailed medical information that often reflects the privileged patient/physician relationship, most of the records maintained by medical facilities are categorized as Restricted--Medical (as defined in 214.3).

221.2 Privacy Act.

Medical records are maintained in four Privacy Act Systems of records (See ASM, Appendix B.):

- a. USPS 120.020, Personnel Records--Blood Donor Records System.
- b. USPS 120.090, Personnel Records--Medical Records.
- c. USPS 120.098, Personnel Records--OWCP Record Copies.

- d. USPS 120.151, Personnel Records-- Recruiting, Examination, and Appointment Records. NOTE: Medical records are accumulated within this system when transmitted between medical facilities and personnel offices.

221.3 Files Maintenance

.31 All correspondence and other records containing restricted medical information must be marked RESTRICTED-MEDICAL (rather than confidential) and filed in locked cabinets. Keys must be kept by medical personnel only. Only medical personnel may have access to these files.

.32 **Exception:** Postal Inspectors and external auditing organizations may have access to these files, but only with a jointly signed authorization by the APMG, Employee Relations Department and the National Medical Director. The authorization must specifically identify each medical facility where access to the files has been approved. Any information retained by auditors must be statistical in nature, with all personal identifiers removed.

221.4 Transferral

.41 Each set of medical records being transferred between facilities must be placed in double envelopes by the medical personnel. The inner envelope must be marked RESTRICTED-MEDICAL--TO BE OPENED ONLY BY (name of medical person or, if unknown, "Medical Personnel").

.42 When mailed, duplicate copies of restricted medical records must always be sent CERTIFIED. Originals must be mailed REGISTERED, return receipt, unless a copy is maintained at the medical facility. When an employee is transferred to another federal agency, medical records must be forwarded to the personnel office of the receiving agency. When an employee is reassigned to another postal installation, medical records must be transferred to the medical facility responsible for the installation where he has been reassigned.

222 Disclosure

222.1 Guidelines

.11 Limitation

Since restricted medical records, if

improperly disclosed, could cause substantial harm or embarrassment to the subject individual, the law and supporting USPS regulations require that disclosure be restricted to only authorized categories of recipients as defined in Exhibit 2-1.

.12 Freedom of Information Act.

Restricted medical records are exempt from mandatory public disclosure under Section (b)(6) of the Freedom of Information Act (5 USC 552). An FOIA requester who does not fit into one of the categories in Exhibit 2-1 must be denied the information requested and advised of his appeal rights (See ASM 352.54).

.13 Degree of Disclosure.

Medical personnel are responsible for determining what information on file is relevant to satisfying the request, except when the requester is a collective bargaining unit representative, a USPS attorney, or a court of law. In the event of a dispute, the medical officer will contact the Regional Medical Director, who will determine what information is relevant for disclosure. Relevance may not be unduly influenced by any postal official. In all cases, no more information may be disclosed than that required to satisfy the need.

222.2 Administrative Procedures

.21 Requests

.211 Every request for restricted medical information must be submitted in writing. Every requester, except the subject individual, must provide a specific reason for needing the information, (to make a hiring or termination decision, to take disciplinary action, to use in a legal proceeding, etc.).

.212 Requests made by the subject of the record, postal officials, collective bargaining representatives, and EEOC representatives must be submitted through the employee's installation head. Other authorized requesters may submit requests to the appropriate medical facility; however, certain requesters must submit their requests through the head of the installation where the medical facility is located.

.213 A request for restricted medical information from anyone not listed in the exhibit must be forwarded to the Regional General Manager, Employee Relations Division.

.22 Screening

.221 Medical personnel do not accept direct requests from Category I requesters, but must refer the requester to the proper installation head.

.222 Installation and regional officials screen requests for proper authorization and signature before sending them to the medical facility for a disclosure decision.

.223 Disclosure is made directly from the medical facility to the requester.

.23 Reporting

Whenever information from a restricted medical record is disclosed to any authorized person, the employee's file must reflect that disclosure. This accounting must state the date of disclosure, its purpose as expressed by the requester, and the requester's name, address, and organization. An annotated copy of the request letter, memo, routing slip, etc, serves this purpose.

223 Requester Categories (Exhibit 2-1)

223.1 Postal Officials

.11 Postal officials include:

- a. EEO counselors and investigators who are USPS employees seeking information for the resolution or investigation of an EEO complaint. (EEO counselors may be given oral responses to relevant questions concerning an employee's medical records by medical personnel.)
- b. Postal inspectors performing an official investigation.
- c. Injury compensation unit personnel.
- d. USPS attorneys.

.12 Postal officials may be provided with medical information only on a specific need-to-know basis. The requesting

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official must notify the custodian of the medical records in writing that the information is needed for specifically stated official business, such as a hiring or termination matter, disciplinary action, or legal proceeding, before release can be made.

.13 Medical personnel should first attempt to summarize that portion of the medical records necessary and relevant to the requester's need. However, if the requester reviews the summary and claims that it is insufficient for his purpose, he may submit justification to the medical personnel for more explicit disclosure. If the medical professional determines that more explicit disclosure is warranted, he may extract the specific portion of the medical record in question and provide a copy to the requester.

Whenever a restricted medical record is released to a postal official:

- a. The official may not make copies of the record; and
- b. The official is responsible for restricting its use and availability to other persons.

223.2 Employee, Applicant, or Representative

.21 Requirement

Upon written request, current or former employees, applicants, or anyone authorized in writing by the subject individual may review and receive copies of the subject's medical records.

.22 Exception

.221 The only exception to this rule is if the medical officer decides that unqualified disclosure of the content of a record would be likely to affect the subject adversely; in this case, the record will be sent only to a physician designated in writing by the subject.

.222 When such adverse impact records are withheld from the individual, medical officers must provide the requester with:

- a. The date, subject (medical examination), and creator (clinic, hospital or physician's name) of each

record or related set of records on file that are being withheld.

- b. A statement that a copy of each record will be released to a designated physician.
- c. A statement of the individual's right to appeal the withholding decision to the USPS General Counsel.

.223 The General Counsel (Privacy Act Appeals Officer), in consultation with the National Medical Director, will decide appeals. The appeal decision may uphold the initial decision or result in greater disclosure directly to the individual.

.23 Employee Representative

Subject to the restriction on the disclosure of records likely to have an adverse affect upon the individual, he may give a written authorization for a representative other than a physician, medical clinic, or hospital to review or receive the medical records (e.g., union steward).

223.3 Union Representative

.31 Requirement

In certain cases, employee medical records may be provided without an employee's authorization to a postal union official under the collective bargaining agreement to which the USPS is a party.

.32 Restriction

Requests from postal union representatives without an employee's authorization must be carefully reviewed. Information that is relevant and material to collective bargaining is available to an authorized representative only when acting officially.

.33 Determination

.331 **Required Documentation.** When a union representative submits a request to inspect an employee's restricted medical records without the employee's authorization, the installation head instructs the appropriate labor relations official to obtain specific answers from the union representative to the following

questions (if not provided in the request letter):

- a. What is the precise bargaining issue, grievance, or contemplated grievance involved?
- b. Why does the union claim that the information being sought is relevant and material to resolving the issue or dispute?

.332 Information Refused. If the union representative provides a response to the above questions that the labor relations official believes to be inadequate, the installation head should be advised to deny the request.

.333 Information Provided. If the union representative provides sufficient response and the labor relations official agrees that the medical information is relevant and material, the official will forward the union request to the medical facility where the record is maintained for a disclosure decision.

.34 Action

.341 Medical personnel may ask the labor relations official to assist in a joint decision of relevancy and give the union representative a summary of the necessary information.

.342 If the union representative reviews the summary and determines that it is insufficient for his purpose, he may submit justification to the labor relations specialist and the medical personnel for more explicit disclosure. If they determine that more explicit disclosure is warranted, the medical professional may extract the specific portion of the medical record in question and provide a copy to the union representative. All such requests must be expedited.

223.4 Court Orders/Subpoenas

.41 Regional Counsel

To the extent required by law, medical officers must comply with subpoenas, court orders, or other legal process calling for the disclosure of restricted medical records. They are to consult Regional Counsel as to the requirements of law and to make a joint determination of the

relevancy of the records sought. When the unrestricted disclosures of those records, or information from them, would be likely to have an adverse medical effect on the subject of the records, medical officers must include a cautionary statement as to the possible adverse effect that would result if information from the record were made known to the subject or to the public.

.42 Employee Advised

When the legal process involved becomes a matter of public record, regional counsel will notify the involved medical personnel to inform the employee of the disclosure particulars.

223.5 USPS Attorneys

Upon receipt of a written request from a USPS attorney for restricted medical information, the medical officer may contact the attorney to jointly determine the relevancy of the requested information.

223.6 Other Medical Officers

If a medical officer needs restricted medical information that is maintained by another medical officer, that information may be released upon receipt of an oral request, but must be followed up with written documentation of the request indicating its purpose and the action taken.

224 Emergencies

Medical personnel may disclose restricted medical information when a compelling circumstance affects the immediate health or safety of the individual.

230 RECORDS MAINTENANCE

231 Categories

Two types of records are maintained in USPS medical facilities:

- a. Restricted Medical Records--Relate directly to individuals and are, for the most part, maintained in employee official medical folders.
- b. General Office Records--Relate to the internal operations of the medical facility and are maintained there.

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232 Restricted Medical Records

232.1 Official Medical Folder (OMF)

.11 Contents

An OMF is established for each employee or tentatively selected applicant for whom detailed medical records are obtained or created. The types of records maintained in the OMF include:

- a. Original medical records initiated by the medical facility.
- b. Original records initiated elsewhere, but which contain restricted medical information and must be protected from unauthorized access and disclosure.
- c. Copies of records initiated elsewhere, but which are filed in the official medical folder to be readily accessible to the medical personnel when needed.

.12 Original Records--Initiated by Medical Facilities

.121 Form 1997. A Health Unit Case Record is initiated the first time an employee visits the medical facility and is reviewed each time the employee visits the facility before medical care is administered. It summarizes the employee's medical history. The following information is recorded on the card for each visit to the medical facility:

- a. Name and work location.
- b. Date and time of visit -- arrival and departure.
- c. Chief complaint and related history.
- d. Symptoms and physical findings.
- e. Medication, treatment, or other services given.
- f. Counsel, instruction, or recommendation for subsequent care.
- g. Referrals or reports to any management office or community agency.
- h. Signature of nurse or physician who provided the guidance or treatment.
- i. Identification of injury or illness as occupational or nonoccupational.

Note: When the patient has an injury or illness that is or may be job related and may be compensable, the employee's statement of the time, place, and manner in which

the injury or illness occurred must also be recorded. Perform a complete examination if permitted by the employee. Exercise special care in describing the injury, its exact nature, and its location.

.122 Form 2486. A Medical Report (for chronic conditions) is initiated whenever a medical officer becomes aware that an employee or tentatively selected eligible has been diagnosed as having epilepsy, diabetes, tuberculosis, or any other chronic condition that might require emergency treatment while on the job. The form serves to document the extent of the illness and the physician's determination as to whether the employee/applicant is physically capable of performing the duties of the position, and if he would be hazardous to himself or others.

.123 Toxic Exposure Records. These records are initiated by medical personnel upon notification that an employee has been exposed to a toxic or harmful substance in excess of USPS guidelines or the applicable OSHA standard. In addition to documenting the nature of the exposure, such records may include the results of medical examinations and laboratory tests.

.13 Original Records--Initiated Elsewhere

.131 Form 2485. A Certification of Medical Examination is initiated by the appointing official or the employee's installation head to document the results of a pre-employment or fitness-for-duty medical examination. Parts 2 and 3 of the 4/79 and 7/80 editions and Pages 1 and 2 of all previous editions of the form contain detailed medical history information that is completed by the examining physician and filed in the OMF. Part 1 of the 4/79 and 7/80 editions and Page 3 of all previous editions contain the medical officer's suitability determination; it is forwarded to the appointing official and filed in the employee's OPF; in the case of a non-selected eligible, it is filed with his employment application in the personnel office where he applied.

.132 Forms 2488, 5901, 5902, and 5903. These request and authorization forms are initiated by the appointing official to obtain medical information from outside USPS, including the Veterans Administration and other federal agencies, which will aid the medical officer in

determination. The original forms and any accompanying documentation are matched with any other medical information related to the individual and forwarded to the medical facility by the personnel office of the hiring installation.

.133 Form 4582-A.

- a. A Summary of Driving Record is used when an applicant or employee applies for the initial issuance or renewal of an SF-46 identification card. Medical personnel or someone trained by medical personnel completes items 17, 18, and 19 of section B, as appropriate, and certifies whether or not the person is medically capable of meeting driving requirements. Forms 2485 and 4582-B may also be required prior to determining medical certification. A complete medical examination is required for all initial issuances of SF 46, and for renewals when the employee will be driving vehicles of 10,000 pounds, GVW, or more. Exception: Current or former employees who had a medical examination within the last year, using Form 2485, need not be re-examined if the physical requirements of the position are not more demanding than the position last held, and a review of the individual's Form 4582-B does not disclose any need for a new medical examination.
- b. Only a visual test and a review of the employee's medical history is required for renewals when the employee will be driving vehicles of less than 10,000 pounds. Exception: If medical personnel determine that a complete medical examination is warranted prior to renewal of SF-46, they will make arrangements with the employee's supervisor. The employee's supervisor may also request a complete medical examination prior to renewal, based on a review of the employee's sick leave/accident record.
- c. Form 4582-A (along with Part 1 of Form 2485, or Part 1 of Form 4582-B) is returned to the submitting office. A copy of the 4582-A is filed in the individual's OMF.

.134 Form 4582-B. (For current employees only.) A Physical Fitness Inquiry for Motor Vehicle Operations is initiated by an employee's supervisor when the employee applies for the initial issuance of SF 46; or in the case of a driver of vehicles of 10,000 pounds or more, the renewal of SF 46. The employee's supervisor will complete Section A of the form and schedule the employee for a medical examination, including a vision test (and for drivers of vehicles of 10,000 pounds or more, a hearing test), at the closest USPS medical facility or at the office of a contract physician. The employee will complete Section C and bring it, with a completed 4582-A, to the medical examination. The physician will complete Section B and forward Part 1, along with the original 4582-A, to the employee's supervisor. Part 2 of the 4582-B is filed in the employee's OMF.

.14 Copies of Records--Initiated Elsewhere

.141 OWCP Forms CA-1, CA-2, CA-5, CA-5b, CA-16, CA-17 CA-20, and CA-20A. These non-postal forms are initiated by claimants under the Office of Workers' Compensation Program as a result of an occupational injury or illness. The associated attending physician's report may be completed by a USPS medical officer if the medical officer is the attending physician selected by the employee or his representative. The original forms are forwarded to the Department of Labor. Copies of these and other OWCP forms are also maintained by the injury compensation control office at the installation where the employee is assigned.

.142 Dependent Child Documentation. This information is submitted by the employee to the employing office and forwarded to the medical officer for a determination as to whether an unmarried child over the age of 22 is disabled and incapable of self-support, and therefore eligible for coverage under the employee's health benefits enrollment. The information provided to the medical officer includes the child's name, the nature of the disability, the period of time the disability has existed, the probable future course and duration of the disability, and the examining physician's name and address. The medical officer's

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determination is provided to the employing office; if the extension of coverage to the coverage child is approved, the determination statement includes the length of approval of the extension. A copy of the determination and all related medical information are retained in the employee's OMF.

.15 Filing and Disposition --OMFs

.151 Official medical folders are usually maintained in the medical facility that is geographically closest to the installation where the employee works (or in the case of a nonselected eligible, in the personnel office where the suitability determination was made). They are filed alphabetically by employee/applicant last name in active and inactive files.

.152 When the medical personnel receive notification from the employing office that an employee is to be transferred or separated, they must remove the OMF from the active file. If the employee is being promoted or reassigned to another installation, the OMF is placed in a double envelope (with the inner envelope marked Restricted - Medical) and forwarded to the head of the medical facility responsible for the installation where the employee will be assigned. If the employee is transferring to another federal agency, the OMF is placed in a double envelope (as described above) and forwarded to the personnel office of the agency to which the employee is transferring.

.153 When an employee is separating from federal service, the OMF must be placed in an inactive file until there are enough folders to fill a box and forward to the nearest Federal Records Center, where they will be maintained for 30 years. (See ASM, 351.6.)

.154 When a tentatively selected eligible has been determined unsuitable for employment, the OMF must be removed from the active file and returned to the personnel office where the determination was made. It will be matched with the individual's employment application and destroyed after 2 years. (See Privacy Act System 120.151.)

232.2 Form 1752

.21 The Health Unit Daily Record is a log reflecting the daily activities of the

medical facility; it is used to complete individual medical records and to compile summary reports. The following information is recorded on the log for each employee visiting the medical facility:

- a. The employee's name.
- b. The time reporting to and leaving the unit.
- c. The postal installation to which the employee is assigned.
- d. The diagnosis, disposition, or treatment administered.
- e. The diagnostic code applicable to the condition reported.
- f. Whether this is a revisit.
- g. Whether the employee is male or female.
- h. Whether the illness or injury reported was occupational or nonoccupational.
- i. Whether the employee was sent off duty.
- j. The initials of the person recording the information.

.22 File chronologically; close the file at the end of each fiscal year. Maintain the forms for 2 years from the date of closing, then destroy by burning or shredding.

.23 Note: Form 1752 contains identifiable information about individuals and is therefore subject to protection and disclosure as stipulated in the Privacy Act. As such it is restricted to medical personnel and medical facilities; copies are not to be made, nor is the form to be removed from the medical facility without the approval of the National Medical Director.

233 General Office Records

233.1 Description

These are documents containing the general administration of the USPS medical program, including correspondence, reports, inspections, and directives.

233.2 Filing and Disposition

File these documents chronologically and close the file at the end of each calendar year. Screen and bring forward current material. Maintain inactive material for 3 years from the date of closing; then destroy.

234 Related Administrative Documents**234.1 Form 1754****.11 Description**

The Health Unit Summary of Employee Health Services is a statistical summary of the activities of each medical facility. It summarizes the types of visits, types of patients, and types of cases handled during the reporting period by the medical facility. It contains no individually identifiable information.

.12 Completion

.121 Form 1754 is completed at the end of each accounting period, based on data taken from the daily Forms 1752, and a copy is provided to the OWCP control officer responsible for the facility. (In making entries for Code 21, Symptoms and Conditions, see Joint Armed Forces Statistical Classification and Basic Diagnostic Nomenclature of Diseases and Injuries With a List of Surgical Operations, available in the medical/health unit.)

.122 In addition, an annual summary of data taken from the A/P reports must be completed within 10 working days after the close of the fiscal year.

.13 Filing and Disposition

Send one copy to the Regional Medical Director and retain one in the medical facility administrative files. File chronologically; close the file each fiscal year. Maintain inactive material for 2 years from the date of closing, then destroy.

234.2 Form 3956**.21 Description**

The Authorization for Medical Attention is initiated by the employee and the supervisor. It authorizes medical treatment for both occupational and nonoccupational injuries and illnesses in either a USPS medical facility or in a designated hospital or physician's office. No treatment is to be provided unless the employee presents this form when reporting to the medical facility except in emergencies, in which case the form may be completed after treatment.

.22 Completion and Filing

.221 The employee completes Part A (items 1-7) and delivers the form to the supervisor. The supervisor completes Part B (items 8 - 11) and retains copy 3 (pink). The employee takes copies 1 and 2 (white and yellow) to the medical facility, designated hospital, or physician's office where the attending physician completes Part C (items 12 - 19) and returns both copies to the employee, who then takes them back to the supervisor.

.222 The supervisor then completes items 20 - 22. He discards the previously held pink copy and, if the employee must be reassigned, forwards the white copy to the office doing the reassignment. The supervisor retains the yellow copy for his own records. No copies are maintained in the medical facility.

234.3 Form 7313**.31 Description**

The Health Unit Agreement is used when the USPS agrees to provide health services to employees of other federal agencies who are physically located in a postal building where a medical facility is operated. It is the formal agreement that defines the services to be provided and the costs to the agency.

.31 Filing

The original agreement is maintained by the Regional Director, E&LR. A copy is provided to: (a) the Regional Medical Director, (b) the area medical officer, and (c) the Procurement Services Office responsible for the geographic area involved.

234.4 Blood Donor Information

These records are handled in a variety of ways and are not generally maintained in medical facilities. It is recommended, however, that each installation maintain a listing of the blood types that would be available to management or medical personnel in the event of an emergency.

DISCLOSURE OF RESTRICTED MEDICAL RECORDS

CAUTION: Requesters in this list never automatically receive restricted medical information. In all cases, no more information may be disclosed than is required to satisfy the need. A request for restricted medical information from anyone not listed here must be forwarded to the Regional General Manager, E&LR. Requesters listed here are identified in Privacy Act System 120.090 (ASM, Appendix B).

Authorized Requester Categories

- I. Requesters who must submit their requests for restricted medical information through the record subject's employing installation head:
 - A. Postal Officials. Employees acting in an official capacity and needing information to resolve an issue at hand. (Exceptions: injury compensation specialists and USPS attorneys - see II below.)
 - B. The Employee or Applicant. The individual to whom the records pertain or any designee authorized in writing by the subject individual.
 - C. Collective Bargaining Representatives: Authorized union representatives, acting in that capacity, who have demonstrated that the information sought is relevant and material to collective bargaining.
 - D. Equal Employment Opportunity Officials. Includes Postal Service EEO counselors and investigators and EEOC investigators when pursuing an EEO complaint.

- II. Requesters who may submit their requests for restricted medical information to the medical facility:
 - A. The employing installation head, other medical officers, Employee Relations managers, USPS injury compensation specialists and USPS attorneys.
 - B. Persons seeking records on the authority of compulsory legal process, such as subpoena duces tecum.
 - C. Auditors (those of external organizations or the Inspection Service) when authorized in writing by the APMG, Employee Relations Department.
 - D. Third parties in EMERGENCY SITUATIONS ONLY.
 - E. The Office of Personnel Management for use in making determinations relating to the following matters involving postal employees:
 - 1. Veteran Preference
 - 2. Disability Retirement
 - 3. Benefit Entitlement

- F. Organizations responsible for administering federal benefits programs for use in providing and determining amounts of benefits to provide, as follows:
 - 1. Office of Workers' Compensation Programs
 - 2. Retired Military Pay Centers
 - 3. Veterans Administration
 - 4. Social Security Administration
 - 5. Public Health Service
- G. Licensed physicians and clinics under agreement with the USPS for providing medical examinations or other medical services.
- H. Federal Agency Medical Officers, where disclosure is necessary to complete or clarify decisions concerning the hiring or retention of an employee or the issuance of a license.

Note: In the following cases, the request must be submitted through the head of the installation where the medical facility is located.

- A. Requesters for a legal proceeding in which the Postal Service is a party, before a court, administrative body or other adjudicatory tribunal.
- B. Federal, state, or local agencies, when there is an indication of a violation of law, whether civil, criminal, or regulatory in nature--information contained in employee medical records may be provided, when necessary, to an agency charged with the responsibility of investigating or prosecuting such violation, or charged with enforcing or implementing the statute, rule, regulation, or order involved.
- C. Occupational Safety and Health Administration and the National Institute of Occupational Safety and Health when needed by either of these organizations in accordance with 29 CFR 19.

Management Instruction

Date	5/15/98
Effective	Immediately
Number	EL-860-98-2
Obsoletes	HBK EL-806, Ch. 2
Unit	Safety & Workplace Assistance
	
Yvonne D. Maguire Vice President Human Resources	

Employee Medical Records

Introduction

This instruction, which replaces Chapter 2 of Handbook EL-806, *Health and Medical Service*, provides guidelines for maintaining the status, availability, organization, and security of employee medical records. These records are essential in the administration of effective services.

Overview

A cornerstone in the development and maintenance of the Postal Service Occupational Health Program is the employee medical record. These employee records are the property of the U.S. Postal Service and are essential in the administration of effective health-related services. The occupational health professional has responsibility for the collection, use, organization, disclosure, and security of employee medical records.

The Postal Service recognizes the sensitive nature of employee medical records and places great emphasis on the custodianship and confidentiality of these documents. Postal Service employee medical records are covered by the Privacy Act. (Privacy Act Systems of Records, System USPS 120.090, *Administrative Support Manual (ASM)* 353, and 5 U.S.C. 552a.)

Questions about access to, or disclosure of, medical records involve the Privacy Act, which applies to records about individuals that are maintained in government systems of records. Although the Privacy Act applies only to information obtained from records, any medical information, whether written or verbal, must be kept confidential, both as a matter of policy and to avoid legal disputes. The Privacy Act provides criminal penalties for any employee who willfully discloses information knowing that disclosure is prohibited, and for any person who knowingly and willfully requests or obtains under false pretenses any records about another person. The Privacy Act prohibits additional copying of covered

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documents, verbal disclosure of information contained in the documents, or distribution of the documents to any person not authorized to receive the information.

Subject to very limited exceptions, such as when release may adversely affect the individual, the Privacy Act permits individuals to obtain access to records about themselves, including medical records, that are maintained in systems of records covered by the Act. The Act prohibits disclosure of an individual's records to persons outside the Postal Service without the individual's express, written consent, except in specified circumstances (see *Release of or Access to Restricted Medical Information*). As noted above, information obtained from a record in a Privacy Act system is protected from disclosure by any means. Thus, a wrongful disclosure may occur under the Privacy Act even if the record itself is not disclosed (i.e., verbal disclosure of information contained in a record).

The Privacy Act and postal implementing regulations at ASM 353 apply to all occupational health professionals, including those under contract with the Postal Service to provide occupational health services. The Postal Service retains ownership of medical records held by the Postal Service or by an occupational health professional under contract with the Postal Service to provide occupational health services. Contractor health professionals must maintain Postal Service records separate from their general filing system and must make them available to a Postal Service health professional upon request or contract termination.

Postal health professionals are bound by federal statutes and regulations regarding their conduct. To the extent that conflicts between ethical standards for such professionals and federal statutes or regulations exist, the federal statutes or regulations will generally take precedence.

Definition

A medical record is any document maintained by the Postal Service or contracted medical provider that contains medical information about current or former employees or applicants for employment.

Categories of Medical Records

The Postal Service maintains three distinct types of medical records, each of which serves a particular function: (1) restricted medical records, (2) administrative medical records, and (3) Office of Workers' Compensation Programs-related medical records. Regardless of the type, access must be limited to those individuals who have a legitimate need to know.

Custodians of Medical Records

Custodians are legally responsible for the retention, maintenance, protection, disposition, disclosure, and transfer of the records in their custody, and for seeing that records within the facilities are managed according to Postal Service policies.

To facilitate both medical and administrative functions, the national medical director delegates custodial responsibility to the senior area medical directors. Additionally, the associate area medical directors, the occupational health nurse administrators (OHNAs), and the health unit staff nurses are considered to have custodial responsibility in the execution of their daily medical and nursing activities. It is the OHNA's responsibility to be aware of the location of the restricted medical records of all employees in the performance cluster.

For facilities without health units, it is the responsibility of the installation head to guarantee that the restricted medical records are maintained and secured by medical personnel. The occupational health nurse administrator serves as the custodian of the restricted medical records in the performance cluster (see Authorized Requester Categories).

Restricted Medical Records

Definition

Restricted medical records contain medical information that is highly confidential, reflect the privileged employee-occupational health provider relationship, and have the most limitations placed on both their access and disclosure. The national medical director is responsible for the handling of all restricted medical records held by the Postal Service. This responsibility is delegated to the senior area medical directors and other medical personnel who are the custodians of medical records maintained within the postal facilities. The purpose of this delegation is to expedite the handling of medically related issues as required by the Postal Service.

Only medical personnel or postal personnel with a need to know have access to this material (see Authorized Requester Categories, Administrative Medical Records, Office of Workers' Compensation Programs-Related Records). These records are maintained only in medical offices or facilities in employee medical folders (EMFs) unless otherwise directed by the national medical director. These offices or facilities include:

- Health units.
- Offices of the occupational health nurse administrators (OHNAs).
- Offices of the senior or associate area medical directors.
- Medical facilities contracted by the Postal Service.

Postal Service employee medical records held in contracted medical facilities must be sequestered from the general facility filing system. The Postal Service is the owner of these records and must be provided with these records on request. Because contractor records are Postal Service records subject to the Privacy Act, they are subject to the same rules of access and disclosure as records maintained by the Postal Service. If a contractor receives a request for medical records related to a postal employee, the request must be referred to the OHNA or designated custodian for a response. Records maintained by the contractor must be released to the Postal Service upon cancellation of the contract.

Employee Medical Folder

An employee medical folder (EMF) is established for each employee or applicant for whom detailed medical records are obtained or created. There may be medically related documents found in the EMF that are not considered to be restricted medical records.

The EMF includes, but is not limited to, the following:

- Form 2485, *Medical Examination and Assessment*.
- Other medical documentation used to make suitability determinations.
- Drivers' physical examination records.
- Form 1997, *Health Unit Case Record*.
- Laboratory, radiographic, and electrocardiographic records.
- Diagnoses.
- Medical information used in the assessment of disability retirement requests.
- Medical documentation concerning involuntary separation for medical reasons.
- Medical documentation concerning limited or light duty as a result of medical problems.
- Medical and industrial hygiene information relative to toxic exposures.
- Vaccine record and consent forms.
- Audiometry records, baseline and periodic.
- Medical documents pertaining to dependent child determinations.
- Family Medical Leave Act medical documentation, when it includes restricted medical information, diagnoses and/or does not involve a workers' compensation claim.
- Medical forensic documents.
- Copies of subpoenas for medical records.

Restricted medical records include drug and alcohol testing results. Nonrestricted documents related to drug and alcohol testing may be maintained in the relevant personnel office.

Security of Restricted Medical Records

All records containing restricted medical information must be marked “*RESTRICTED MEDICAL*” and filed in locked cabinets. Keys must be kept by medical personnel unless otherwise directed by the national medical director. These records may be reviewed or released only under specific conditions and authority.

Release of or Access to Restricted Medical Information

Every request for review or release of restricted medical records must be submitted in writing to the records custodian in the format provided in Attachment 2 and filed in the employee medical folder (EMF) (see Attachment 2). The requesting individual, except for the subject employee, must state the purpose for which the medical information will be used. *The requester must be provided restricted medical information on a need-to-know basis.*

Whenever information from a restricted medical record is released to any authorized person, the EMF must note that action, including:

- The purpose as expressed by the requester.
- The requester’s name, address, and organization.
- The signature of the requester.
- The information released.
- The date the information was released.

An annotated copy of the request letter will serve this purpose as long as the letter responds to those requisites (see Attachment 2).

Requesters never automatically receive restricted medical information. Except as provided below, no more information may be reviewed or released than is required to satisfy the need. A request for restricted medical information from any individual not listed in authorized requester categories (see Authorized Requester Categories below) must be forwarded to the senior area medical director.

As noted above, applicants or employees generally are granted access to their own medical records. However, in response to an individual’s request for his or her own medical records, the Postal Service records custodian has the discretion to postpone the release of such records. If he or she determines that such release may cause hardship or danger to the individual, the restricted medical records custodian shall request the name and address of the employee’s private physician and, if appropriate, forward the records under sealed, restricted cover to that physician. (*See Authorized Requester Categories, Category I, Employees or applicants.*)

Authorized Requester Categories

All requests must be submitted in writing preferably using the form provided in Attachment 2.

Category I

Requesters of restricted medical records or information who may submit requests directly to the medical facility or restricted medical record custodian include the following:

- *Postal Officials:*
 - a. Installation head.
 - b. Other postal medical personnel.
 - c. Human Resources managers.
 - d. Postal Service injury compensation specialists.
 - e. Postal Service attorneys and Labor Relations specialists.

In general, those officials identified above should, upon request, receive restricted medical records, and not merely a summary thereof.

Postal officials who are provided copies of restricted medical records upon proper request are responsible for the security for such records, and for protecting such records in accordance with the Privacy Act. If the medical personnel have any concerns about the release of such records, the issue should be raised with the National Medical Director. *If a situation occurs where litigation is in process or imminent, the relevant information may be released upon oral request, but must be followed immediately with written documentation of the request and response.*

- *Employees or applicants*, i.e., individuals to whom the records pertain (record subjects) or any designees authorized in writing by those individuals:

Individuals may obtain copies of their medical records in response to written requests. No fees may be charged unless the copies exceed 100 pages (ASM 353.413b).

Individuals may personally review their medical files and, if they wish, obtain copies of selected records. Generally, records are available for inspection and copying during regular business hours, but any reasonable time and place may be designated (ASM 353.414). Third parties may be present only if authorized in writing by the individual (ASM 353.325b).

Employees sometimes submit requests, pursuant to either the Freedom of Information Act or the Privacy Act, that seek answers to questions or other information that is not contained in Postal Service records. Neither Act requires the Postal Service to provide such information, but the information may be provided, if appropriate. If a request for information other than records is denied, the

requester should still be advised of the right to appeal to the General Counsel.

If the Postal Service custodian of restricted medical records determines that the release of all or part of the records to the employee or applicant would have adverse effects on the employee, the custodian must provide the requester with the following:

- a. The date, subject, and creator of each record or related set of records that is being withheld (see Attachment 3 or Attachment 4).
 - b. A statement that a copy of the requested record will be released to a physician designated by the employee.
 - c. A statement citing the requester's right to appeal the withholding decision to the Postal Service General Counsel at Headquarters. The General Counsel, in consultation with the National Medical Director, will decide the appeal. Attachment 3 or Attachment 4 represents the document that must be given to the requester when release of restricted medical record is denied. A copy of Attachment 3 or Attachment 4 must be placed in the EMF.
- *Requester with authority of compulsory legal process, i.e., Postal Inspection Service:* In the case of an investigation, the inspector must put the inquiry in writing and submit the request using an official need-to-know request document or document of similar format.
- *Third parties outside the Postal Service:* Third parties may obtain an individual's medical records only in specified circumstances (see ASM 353.325). The subject individual's consent to release medical records to third parties must be written. This consent must be dated not more than one year prior to the date the request is received. Authorized third parties include:
- a. **Disclosure in Emergencies:** The Privacy Act authorizes disclosure "pursuant to a showing of compelling circumstances affecting the health or safety of an individual." Thus, records may be disclosed to handle a medical emergency. This authority is limited to emergencies, however, and the individual whose records are disclosed must receive prompt, written notification of the disclosure.
 - b. **Office of Personnel Management making determinations relating to:**
 - Veterans' preference.
 - Disability retirement.
 - Benefit entitlement.
 - c. **Federal benefits program administrators:**
 - Office of Workers' Compensation Programs.
 - Retired Military Pay Centers.

- Department of Veterans Affairs.
 - Social Security Administration.
 - Public Health Service.
- d. Contracted community-based medical facilities providing medical examinations or other medical services.

Category II

Requesters of restricted employee medical records or information who must *submit requests through the employee's installation head* include the following:

- *Postal officials, other than those listed in Category I, acting in an official capacity and in need of specific information:* Medical personnel must first summarize that portion of the medical record necessary and relevant to the requester's need. This must be a written summary. If the requester reviews the summary and claims that the summary is insufficient for their purpose, the medical professional may extract specific portions of the medical record and deliver this material to the requesting postal official. The official is responsible for restricting its use and availability to other persons in accordance with the Privacy Act.
- *Collective bargaining representatives, i.e., authorized union representatives, acting on behalf of the employee in an official union capacity:* The representative must demonstrate that the information sought is relevant and necessary to collective bargaining. Medical personnel must ask the Labor Relations official to assist in a joint decision of relevancy and necessity.
 - a. In certain cases, employee medical records may be provided without an employee's authorization to a postal union official under the collective bargaining agreement to which the Postal Service is a party. Requests from postal union representatives without an employee's authorization must be carefully reviewed. Information that is relevant and necessary to collective bargaining is available to an authorized representative *only when acting officially*.
 - b. When a union representative submits a request to inspect an employee's restricted medical records without the employee's authorization, the installation head should instruct the appropriate Labor Relations official to obtain specific answers from the union representative to the following questions (if not provided in the request letter):
 - What is the precise bargaining issue, grievance, or contemplated grievance involved?
 - Why does the union claim that the information being sought is relevant and necessary to resolving the issue or dispute?

- c. If the union representative provides a response to the above questions that the Labor Relations official believes to be inadequate, the installation head should be advised to deny the request.
 - d. If the union representative provides sufficient response and the Labor Relations official and medical personnel agree that the medical information is relevant and necessary, the official will forward the union request to the medical facility where the record is maintained for disclosure.
- *Postal Equal Employment Opportunity officials*, i.e., Postal Service EEO counselors and investigators when handling an EEO complaint: Refer to “postal officials” above.
 - *Requesters involved in legal proceedings* in which the Postal Service is a party before a court, administrative body, or tribunal, or other adjudicatory body: This does not include Postal Service attorneys.
 - *Federal, state, or local agencies when there is an indication of a violation of the law, whether civil, criminal, or regulatory in nature*: Information contained in employee medical records may be provided, when necessary, to an agency charged with the responsibility of investigating or prosecuting such violation, or charged with enforcing or implementing the statute, rule, regulation, or order involved.
 - *Occupational Safety and Health Administration and the National Institute for Occupational Safety and Health* when needed by either of these organizations in accordance with 29 CFR 19.
 - *Auditors*:
 - a. National medical program auditors.
 - b. Other auditors and group data collectors as deemed appropriate by the national medical director and the vice president of Human Resources. Records selected for audit must have all employee identifiers eliminated prior to the audit.

A request for restricted medical information from anyone not listed in Category I or Category II must be forwarded to the responsible area medical director.

Supervisor Handling of Medical Information

Medical documentation is necessary to certify the need for medically related absence, sick leave, light duty, or other administrative activities or decisions. Medical documents received by a supervisor from an employee that contain a diagnosis are considered to be restricted medical records and must be forwarded to the local medical records custodian for placement into the employee medical folder. Supervisors, upon re-

ceipt of restricted medical documentation, are subject to Privacy Act requirements concerning the proper handling of restricted medical information.

Withholding Release of Restricted Medical Records

Restricted medical records are exempt from mandatory public disclosure under Section (b)(6) of the Freedom of Information Act (5 USC 552 (b)(6)). An FOIA requester who does not fit into one of the authorized requester categories must be denied the information requested and advised of his or her appeal rights (ASM 352.54).

The requester should be provided the following if the request is denied:

- The date, subject, and creator of each *record* or related *set* of records that is being withheld (see Attachment 3).
- A statement citing the requester's right to appeal the withholding decision to the Postal Service general counsel at Headquarters. The general counsel, in consultation with the national medical director, will decide the appeal (ASM 353.433c). Attachment 3 represents the document that must be given to the requester when release of restricted medical records is denied. A copy of Attachment 3 should be placed in the EMF (ASM 353.428b-c).

Before denying an individual's request for access to his or her own medical records, the medical director or designee must consult with Labor Relations or Postal Service counsel (ASM 353.428a and *Authorized Requester Categories, Category I*).

Individual's Right of Amendment

The Privacy Act permits individuals to request amendment of their records on the grounds that the records are not accurate, relevant, timely, or complete. Most requests for amendment involve challenges to the accuracy of the records. A record need not be amended, however, unless it is factually inaccurate. An individual's disagreement with professional opinions, diagnoses, or evaluations is not grounds for amendment. If a request for amendment is denied, the requester must be advised of the right to appeal to the General Counsel.

Transfer or Mailing of Medical Records

Procedures for transferring or mailing medical records are outlined as follows:

- *Employee is transferred from one Postal Service duty station to another.* The medical folder should be double-enveloped and the inner envelope should be marked "*RESTRICTED MEDICAL — to be opened by medical personnel only*" and sent to the district occupational health nurse administrator.

- *The employee is being transferred to another Federal agency.*
Copies of restricted medical records may be sent by Postal Service medical records custodians directly to other Federal agency medical records custodians only if such record transfer is requested in writing by the record subject. Postal medical record custodians are not to send records to other agencies as a routine procedure. Postal medical records are not to be merged with other Federal agency medical records. However, when an individual is transferred from another Federal agency to the Postal Service, that agency's medical records may be merged in the Postal Service EMF. When the Postal Service receives a request from a former employee, other Federal agencies, or third-party requester for access and release of these other agency medical records (previously received either in an OPF or from a newly hired employee), the Postal Service forwards copies of those medical records (for determinations on releasability) only to the address below. The Postal Service will notify the requester of the referral.

OPM'S OPF/EMF ACCESS UNIT
PO BOX 18673
ST LOUIS MO 63118-0673

Note: Postal Service medical records may be identified by the dates of employment of the postal employee as they relate to the records. This includes Form 1997, as well as other medical documents.

Duplicate copies of restricted medical records must always be sent by *certified mail*. Originals must be mailed by *registered mail*, with a return receipt requested, and a copy should be maintained at the medical facility.

Federal Record Centers and Record Storage and Retrieval

The Postal Service is currently transferring medical records for employees separated on or before December 31, 1989 to the Federal Record Centers (FRC) and to the National Personnel Records Center (NPRC) in St. Louis, MO for employees separated on or after January 1, 1990.

On an annual basis, occupational health nurses should purge the records of all separated employees and transfer them to the appropriate record center. Be sure to maintain a list of all EMFs that have been forwarded from your office in order to facilitate fulfilling requests for these records at a future date.

EMFs should be sent by registered mail to:

CIVILIAN PERSONNEL RECORDS
NATIONAL PERSONNEL RECORDS CENTER
111 WINNEBAGO ST
ST LOUIS MO 63118-4199

Retrieval of Separated Employee Folders

Written requests for medical records will be routed through the National Medical Director at Headquarters:

NATIONAL MEDICAL DIRECTOR
OFFICE OF SAFETY AND RISK MANAGEMENT
HUMAN RESOURCES DEPARTMENT
USPS HEADQUARTERS
475 L'ENFANT PLAZA SW RM 9801
WASHINGTON DC 20260-4235

Retrieval From the Federal Record Centers

Only medical directors may retrieve medical records from the FRCs. Medical directors must use Optional Form 11, *Reference Request — Federal Record Center*. FEDSTRIP ordering offices order this form directly from General Services Administration (GSA); non-FEDSTRIP ordering offices order this form directly from their supporting MSC supply section or their GSA Customer Supply Center.

Administrative Medical Records

Definitions

Administrative medical records are documents that may contain medical information and have limitations placed upon their access or disclosure. These documents provide medical information necessary for management decisions and document management actions.

Custodian: There may be multiple custodians of administrative medical records. Custodians are legally responsible for the retention, maintenance, protection, disposition, disclosure, and transfer of the records in their custody, and for seeing that records within the facilities are managed according to Postal Service policies.

This medical information is maintained by non-medical personnel and is filed in the official personnel folder or within other related files.

Administrative medical records include, but are not limited to:

- Physician statements relative to the employee's fitness-for-duty that contain no restricted medical information.
- Unrestricted portions of *Medical Examination and Assessment* (Form 2485, pages 1 and 6).
- *Authorization for Medical Attention* (Form 3956).
- Sick leave requests.
- Blood donation records.
- Medical suitability waivers.
- Applicant Drug Test personnel notification form.

— Dependent child determinations based on medical information.

Access

Administrative records may be accessed by postal managers or their designees who have a legitimate need to know.

Office of Workers' Compensation Programs-Related Records

OWCP medical records relate specifically to employee job-related injury or illness. These records are ultimately maintained by injury compensation personnel and include medical information relating to the diagnosis, treatment, and prognosis of injuries or illness for which compensation is or may be claimed. Copies may also be maintained in the EMF. Documentation includes Department of Labor forms and relevant medical information submitted by a physician or other health care provider. OWCP-related records may be made available to postal managers and other authorized officials for injury compensation program matters (ELM 540).

Subpoenas

To the extent required by law, medical personnel must comply with subpoenas, court orders, or other legal processes calling for the disclosure of restricted medical records. When the United States or the Postal Service is not a party to a lawsuit, the release of medical information or records pursuant to a subpoena or court order in litigation is governed by the Privacy Act and the Postal Service's Touhy regulation at 39 CFR 256.12. When restricted medical records are released in response to a subpoena or court order, the medical record custodian must include a cautionary statement as to the possible adverse effect if information from the record were known to the subject or to the public. *The manager of Human Resources and the Postal Service General Counsel in the relevant area or district should be contacted immediately upon receipt of a subpoena.*

Fitness-for-Duty Examinations and Release of Medical Information

Fitness-for-duty examination medical reports, submitted by the examining or consulting physician, are sent to the Postal Service associate medical director (AMD) for review. These reports are considered restricted medical information and must be handled as such. Upon completion of the review process, the AMD makes a recommendation based upon the examination or consultation findings to management

through the district manager of Human Resources or his or her designee. In the event that the district manager of Human Resources considers that full disclosure of the report is necessary, he or she should contact the AMD. The district manager of Human Resources or his or her designee is deemed to have a legitimate need to know (see *Authorized Requester Categories, Category I*), and the AMD should honor the request. The AMD must advise the district manager of Human Resources concerning the significance of relevant information contained in the report. If a dispute develops between the AMD and the district manager of Human Resources over disclosure, such dispute will be resolved by the area medical director in consultation with the area manager of Human Resources.

The district manager of Human Resources is responsible for safeguarding the confidentiality of restricted records and limiting access to those who have a specific need to know. The confidential information must be segregated from other records while in the custody of Human Resources personnel. Upon resolution of the issues under consideration, all confidential information must be returned to the official custodian.

Authorized Requester Categories

Authorized Requester Categories

CAUTION: Requesters in this list never automatically receive restricted medical information. No more information may be disclosed than is required to satisfy the need. A request for restricted medical information from anyone not listed in Categories I and II must be forwarded to the Area Medical Director. Requesters are identified in Privacy Act System 120.090 (ASM, Appendix B).

All requests must be submitted in writing, preferably using the form demonstrated in Attachment 2.

Category I

Requesters of restricted medical records or information who may *submit requests directly to the medical facility or restricted medical record custodian* include the following:

- A. Postal officials:** Installation head, other medical personnel, Human Resources managers, Postal Service Injury Compensation specialists, Postal Service attorneys and Labor Relations representatives.
- B. Requesters with authority of compulsory legal process such as subpoenas:** Includes Postal Inspection Service.
- C. Third parties in limited situations only:**
 - 1. Emergency Medical Personnel.
 - 2. Office of Personnel Management: Veterans' Preference, Disability Retirement, Benefit Entitlement.
 - 3. Federal benefits program administrators: Office of Workers' Compensation Programs, Retired Military Pay Centers, Department of Veterans Affairs, Social Security Administration, Public Health Service.
 - 4. Community-based medical facilities.
- D. Subject employees or applicants.**

Category II

Requesters of restricted employee medical records or information who must *submit requests in writing through the employee's installation head* include the following:

- A. Postal officials, other than those listed in Category I.**
- B. Collective bargaining representatives.**
- C. Postal Equal Employment Opportunity officials.**
- D. Requesters for legal proceedings in which the Postal Service is a party:** This does not include Postal Service attorneys.
- E. Federal, state, or local agencies** when there is an indication of a violation of the law, whether civil, criminal, or regulatory in nature.
- F. Occupational Safety and Health Administration and the National Institute for Occupational Safety and Health** when needed by either of these organizations in accordance with 29 CFR 19.
- G. Auditors:** National Medical Program auditors, their auditors and group data collectors as deemed appropriate by the national medical director and the vice president of Human Resources. Records selected for audit must have all employee identifiers eliminated prior to the audit.

Request for Medical Information (Restricted Medical Records)



**REQUEST FOR MEDICAL INFORMATION
(RESTRICTED MEDICAL RECORDS)**

Requests for restricted medical information must be submitted in writing. MI EL-860-98-2, *Employee Medical Records*, cites the categories of requesters as well as to whom the request must be submitted. Requests that are not sent directly to the Medical Director or Occupational Health Nurse Administrator are submitted to the installation head.

Name of Employee _____ SSN _____

Requester's Name _____ Title _____

Information Requested _____

Reason for Request _____

Signature of Requester _____ Date _____

Signature of Employee _____ Date _____

Signature of Installation Head/Designee _____ Date _____

MEDICAL FACILITY ACTION

Action Taken _____

Information Released/Denied _____

Requester's Signature _____

Custodian's Signature _____ Date _____

Note: Retain this document in the employee's medical folder.

RESTRICTED MEDICAL RECORDS WITHHELD

In accordance with MI EL-860-98-2, *Employee Medical Records*, the restricted medical record that has been requested is being withheld.

The custodian of restricted medical records withholds release of the requested information for the following reason(s).

_____ Insufficient 'Need to Know' justification.

_____ Release of part or all of the requested information to this requester would have adverse effects or impact negatively upon the employee.

_____ Other _____

Date of withheld
document/information _____

Subject of the withheld document/information

Creator of the withheld document/information

The custodian of restricted medical records may determine that the requested document or information will be released to a physician designated by the employee. This includes requests made by the employee when the custodian determines that release of the information should be through the employee's private physician.

The requester has the right to appeal the withholding decision to the Postal Service General Counsel at Headquarters. The General Counsel, in consultation with the National Medical Director, will decide the appeal.

Requester's signature _____ Date _____

Requester's name (print) _____

Custodian's signature _____ Date _____

Custodian's name (print) _____

Sample Letter Denying an Individual's Request for His or Her Own Medical Records



**SAMPLE LETTER DENYING AN INDIVIDUAL'S REQUEST FOR HIS
OR HER OWN MEDICAL RECORDS**

Dear Medical Records Requester:

This responds to your letter dated [__date__], in which you requested a complete copy of your Postal Service medical file. Enclosed are [__number__] pages of records from your file. It has been determined, however, that the report of the examination conducted by Dr. [__name__] on [__date__] could have an adverse effect on you if it is released directly to you. Therefore, the report will be provided only to a physician designated by you. If you wish to designate a physician to receive the report, please submit a written designation to this office.

If you consider this letter to be a denial of your request, you may submit an appeal to the General Counsel, United States Postal Service, 475 L'Enfant Plaza, SW, Washington, DC 20260-1100. A letter of appeal must include: (1) reasonable identification of the records to which access was requested, (2) a statement of the action appealed and relief sought, and (3) copies of the request, notification of denial, and any other related correspondence. The appeal procedure may be found in ASM 353.433c.

[__signed__]

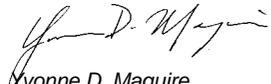
475 L'ENFANT PLAZA SW RM 10022
WASHINGTON DC 20260-0010

Management Instruction

Fitness-for-Duty Examinations

This instruction provides information about levels of fitness-for-duty examinations and their application by Postal Service and consultative medical personnel. The information will replace section 161.2 in Handbook EL-806, *Health and Medical Services*, in a future publication of that handbook.

Date	September 28, 2000
Effective	Immediately
Number	EL-860-2000-7
Obsoletes	N/A
Unit	Health and Resource Management


Yvonne D. Maguire
 Vice President
 Employee Resource Management

General Policy

Purpose

The purpose of the Postal Service fitness-for-duty medical assessment is to ascertain whether or not the employee is medically capable of meeting the requirements of his or her job.

Request

Management may request a fitness-for-duty examination and repeat examinations as necessary to safeguard the employee and coworkers when there is concern about an employee's ability to perform his or her job, based on the observations of a supervisor, manager, or medical personnel. Specific reasons for the fitness-for-duty request must be stated by the requesting official. The fact that an injured or ill employee is scheduled for a series of medical treatments or appointments with a medical provider does not, by itself, establish that the employee is not fit for duty. A supervisor may keep personal notes concerning the date and subject matter of such discussions in his or her personal records, consistent with Privacy Act requirements.

In the case of both occupational illness (CA-2, *Notice of Occupational Disease and Claim for Compensation*) and traumatic injury (CA-1, *Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation*), the Injury Compensation office may request a fitness-for-duty examination in the course of monitoring an injury compensation case or claim. The protocol for occupational illness or traumatic injury fitness-for-duty examination requests is cited in Handbook EL-505, *Injury Compensation*, 6.4.

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Fitness-for-duty examinations must not interfere in any way with the employee's prescribed treatment regimen.

See *Employee and Labor Relations Manual* 864.3 and 547.3.

Cost and Payment

Fitness-for-duty examinations are performed at no expense to the employee and are on the clock. Payment includes reimbursement for any authorized travel expenses incurred.

Authority to Administer

Fitness-for-duty examinations are always performed by Postal Service physicians, medical providers contracted by the Postal Service, or fee-for-service medical providers or consultants identified by the Postal Service.

Requests for deviation from this process must be addressed to the national medical director with appropriate notification to the national unions.

Fitness-for-Duty Examinations

Establishing the Need for a Fitness-for-Duty Examination

The need for a fitness-for-duty examination is a serious matter and has health, safety, and labor relations ramifications. The following represents some of the reasons for which a fitness-for-duty examination may be performed:

- The supervisor observes that there is a significant change or deterioration in the employee's performance or that the employee fails to maintain regular attendance.
- The employee has sustained a job-related injury, and the injury compensation specialist determines the need for an independent medical evaluation.
- Postal Service or contract medical personnel identify a condition or behavior that should be medically evaluated.

Employees who are absent as a result of a serious health condition and who are covered under the Family and Medical Leave Act (FMLA) are not required to submit to a fitness-for-duty examination while on FMLA-protected leave.

Identifying Unusual Behavior

Supervisors, through their training, oversight, and proximity to the work-site, are usually the individuals most aware of changes in employee behavior. Supervising employees, at any level of the organization,

requires that the supervisor have at his or her disposal information necessary to make basic judgments about the behavior of his or her employees.

The following changes in employee behavior may indicate a potential problem requiring a fitness-for-duty examination:

- Significant increase in unscheduled absences.
- Marked increase in unexplained lavatory usage.
- Changes in behavior and work performance after lavatory or lunch breaks.
- General changes in behavior toward fellow employees.
- Deterioration in personal hygiene and cleanliness of the work location.
- Inattention to work duties and progressive deterioration in concentration and memory.

Responding to Unusual Behavior

Supervisors have a responsibility to address workplace behavior issues that may be affecting an employee's work performance and/or the workplace environment. The supervisors should discuss such behavior issues with the employees they supervise. Discussions of this type must be held in private between the employee and the supervisor. During this discussion, supervisors should offer the employee an opportunity to submit medical or other documentation that may explain the behavior observed and should offer the services of the Postal Service Occupational Health Program or Employee Assistance Program.

If the employee refuses to discuss the subject or fails to provide a reasonable explanation for such behavior, the supervisor may request a fitness-for-duty examination. A supervisor may keep personal notes concerning the date and subject matter of such discussions in his or her personal records, consistent with Privacy Act requirements.

Arranging for a Fitness-for-Duty Examination

Preparing the Request

The supervisor uses Form 2492, *Request for Fitness-for-Duty Examination*, when requesting a fitness-for-duty examination. In addition to the information requested in Form 2492, the supervisor submits a written narrative describing the reason for the request. The supervisor should submit, as attachments, all pertinent information including, but not limited to, attendance logs, job description, and medical information in the supervisor's possession. Restricted medical information, information which includes a diagnosis, should be placed in the Employee Medical Folder.

The main reason for rejecting a request for a fitness-for-duty examination is inadequate supporting documentation.

After the request package has been completed, the supervisor must get concurrence for the request from the installation head or designee, who then forwards the request to the district manager of Human Resources.

The occupational health nurse administrator and the labor relations specialist, in most instances, are the individuals who consult with the Human Resources manager in determining the appropriateness of the request. The main reason for denying requests for fitness-for-duty examinations is inadequate supporting documentation. A request that is denied will be destroyed.

Scheduling the Examination

The occupational health nurse administrator and the labor relations specialist review the request for completeness and appropriateness. Personal communication between medical personnel and the employee may be considered as part of the appropriateness assessment. If all documents are relevant and appropriate, the occupational health nurse administrator contacts the medical services provider and schedules the fitness-for-duty examination.

Nonmedical information, including the specific questions that are to be answered by the evaluation, is sent to the examining physician for his or her review prior to the examination date. The occupational health nurse administrator sends the pertinent medical information to the examining physician.

The associate area medical director, or occupational health nurse administrator in consultation with the associate area medical director, may determine that a general examination may not be needed and that the appointment may be made directly with a specialist for a focused examination.

Notifying the Employee of the Examination

The occupational health nurse administrator, or designee, notifies the labor relations specialist of the scheduled examination. The labor relations specialist, or other person designated by the Human Resources manager, notifies the employee's supervisor in writing of the examination appointment. The employee is notified by mail and, if practicable, by personal delivery from the supervisor.

The letter to the employee must include information concerning the reasons the fitness-for-duty examination is necessary.

Notifying the Supervisor When an Employee Does Not Present for the Examination

A fitness-for-duty assessment cannot be made until the examination has been completed. If an employee is unable or fails to appear for the examination, the supervisor is immediately notified for rescheduling or other appropriate action, as necessary.

Making a Determination of Fitness

Arranging for Additional Tests or Examinations

In certain instances, the initial fitness-for-duty examination findings may require additional medical consultation with a specialist or special diagnostic tests. All available documentation concerning the case is reviewed by the associate area medical director in consultation with the senior area medical director.

Reporting Examination Results

The results of the fitness-for-duty examination are sent by the examining physician directly to the district occupational health nurse administrator. The occupational health nurse administrator forwards a copy of the examination to the associate area medical director for review. In the case of psychiatric consultations, the occupational health nurse administrator also sends a copy to the senior area medical director.

After discussing the examination results with the associate or senior medical director, the postal physician or occupational health nurse administrator must interpret the medical findings and/or recommendations for management and, if necessary, for the employee.

Observing Confidentiality

The fitness-for-duty report may contain personal medical information that is not related to the employee's work capability and should only be released by the medical records custodian in its entirety if management need-to-know conditions exist and prescribed formal request for release of information protocols are followed in accordance with Management Instruction EL-860-98-2, *Employee Medical Records*.

Retesting If Necessary

If the employee is found not fit for duty as a result of drug or alcohol toxicity, and if an eventual return to duty is contemplated, the employee is retested prior to return to duty. Return-to-duty test results must confirm that the employee is eligible for return to duty. If the test does not confirm return-to-duty eligibility, the employee remains not fit for duty.

Emergency Fitness-for-Duty Examinations

Establishing the Need for an Emergency Fitness-for-Duty Examination

Postal facilities are required to have 24-hours-a-day access to medical providers. Supervisors can request an emergency fitness-for-duty examination when an employee exhibits acute and unusual behavior that could result in imminent harm or injury to the employee or others or interferes with the performance of his or her job.

Identifying Unusual or Threatening Behavior

Examples of behavior that could result in an employee resorting to workplace violence include:

- Argumentative behavior toward fellow employees and/or supervisor.
- Unusual interest in news reports and literature relating to violence and violent acts.
- Involvement in altercations in the workplace.
- Employee statements that demonstrate there are specific plans being formulated by the employee meant to bring harm through violence.
- Substance abuse.

Responding to Threatening Behavior

If the employee's supervisor observes threatening behavior such as that described above, he or she must immediately notify the postal facility manager that an emergency exists and indicate that an immediate medical assessment may be necessary. If the supervisor receives concurrence from the postal facility manager that an emergency fitness-for-duty examination is needed, either the facility medical and/or supervisory personnel notify the occupational health nurse administrator or contract medical provider that an emergency examination is needed. The contract medical provider must be advised of the reasons for the fitness-for-duty examination by the facility medical and/or supervisory personnel, and appropriate arrangements must be made for transport of the employee to the medical facility.

See Psychiatric Fitness-for-Duty Examinations below.

Mental Status Evaluations As Part of the General Fitness-for-Duty Examination

The purpose of the Postal Service fitness-for-duty medical assessment is to ascertain whether or not the employee is capable of meeting the requirements of his or her job. The fitness-for-duty medical assessment requires that the employee report any past or current physical, mental, or psychological conditions to the examining physician. Employees are required to answer, in writing, relevant questions on the medical assessment document and, if requested by the evaluating medical personnel, submit additional medical documentation from their private medical provider.

The Postal Service requires that when the employee submits mental health assessments, determinations, and diagnoses, they are accepted only from the employee's treating psychiatrist or licensed clinical psychologist or from a psychiatrist or licensed clinical psychologist who has intimate knowledge of the case.

If, as part of the general fitness-for-duty examination, the historical assessment of the employee reveals a psychiatric condition or related disorder, the examiner should do the following:

- Write the diagnoses on the medical assessment document.
- Ask the employee if he or she is still under care for the condition and if this care includes the use of psychotropic medications or agents.
- If the applicant or employee is not under care, ask the employee when he or she was last seen and whether the treatment included the use of psychotropic medications or agent.
- List all psychotropic medications or agents used in the employee's care.

Assessing the Effects of Psychotropic Medications

In certain instances the employee's mental health provider has determined that it is necessary for the therapeutic program to include the use of psychotropic medications or agents. The following must be answered and noted in the examination report if the individual is taking these prescribed medications:

- Are drowsiness, loss of attention, decreased reflexes or response time, increases in aggressive behavior, or anxiety documented side effects that result from taking the medication?
- Will the individual be able to work at heights, work with or around machinery, or operate a motor vehicle while under the influence of the medication?

- What is the expected length of time that the individual will be taking the medication?

The employee's mental health care provider must provide information as to whether the medication is controlling the major symptoms and whether follow-up care has been scheduled. The date of any follow-up must be included in the fitness-for-duty report.

Making an Initial Dangerousness Assessment

If dangerousness is a potential problem as a result of the general mental status evaluation, the following issues should be addressed by the examining physician:

- Does the employee pose a threat?
- What is the nature and severity of the potential harm?
- What is the likelihood that the potential harm will occur?
- What is the imminence of the potential harm?
- What actions are required to contend with or relieve the problem?

Psychiatric Fitness-for-Duty Examinations

Referring Employees for Psychiatric Examination

The psychiatric examination is not under usual circumstances requested without a prior, general fitness-for-duty examination. As a result of the initial fitness-for-duty examination, the examining physician may determine that there is the need for additional evaluation concerning the employee's mental status. If so, the employee is required to submit to a mental status evaluation. The evaluation is performed by a board-certified psychiatrist in consultation with the associate or senior area medical director.

In some circumstances following an initial fitness-for-duty examination the physician's assessment may include a recommendation that the employee be referred to a psychiatrist familiar with the evaluation of potentially violent individuals.

All psychiatric evaluations include a level of dangerousness assessment.

In determining that a referral for a psychiatric evaluation is appropriate, an important question to be answered is: "Is there a clear and direct threat to an identifiable target?"

All psychiatric evaluations include a level of dangerousness assessment.

Appropriate reasons for referral for a psychiatric examination include:

- An assessment of the possibility that psychiatric conditions exist.
- A finding that a level of dangerousness exists.
- A need to determine the ability of the employee to perform the job, with or without accommodation.

The following factors must be considered when determining whether an individual would pose a direct threat:

- Duration of the risk.
- Nature and severity of the potential harm.
- Likelihood that the potential harm will occur.
- Imminence of the potential harm.

As part of the psychiatric fitness-for-duty report, a summary of findings and statement of recommendations must be prepared by the examining psychiatrist. Therefore, the Postal Service requires the examining psychiatrist to complete Attachment 2, *Instructions for Psychiatric Fitness-for-Duty Examination*. Postal Service medical personnel *must* send this attachment to the psychiatrist for his or her use in preparing the psychiatric fitness-for-duty report.

If the person does not represent a clear and direct threat to an identifiable target, the examining psychiatrist is asked to recommend treatment and other possible actions necessary to guard against deterioration of the condition and, if possible, the circumstances.

If there are clear indications of direct threat, the examining psychiatrist is asked to recommend appropriate actions needed to protect the employee and others.

Arranging for the Examination

The appointment for the consultation is made by the Postal Service occupational health nurse administrator in consultation with the area medical director. All pertinent medical information and supporting documents are forwarded to the consultant. There may be local labor-management agreements that address this point. These agreements must be adhered to as long as they are not in violation of national agreements or Postal Service policy.

Making a Determination of Fitness

Reporting Examination Results

The results of the psychiatric fitness-for-duty examination are sent by the examining psychiatrist directly to the district occupational health nurse administrator. The occupational health nurse administrator

forwards a copy of the examination to the associate area medical director for review. The occupational health nurse administrator also sends a copy to the senior area medical director.

The senior medical director, after consulting with the national medical director or designee, interprets the findings and/or recommendations for management and, if necessary, for the employee. Management must be advised of the results of the examination on a need-to-know basis as soon as possible.

Observing Confidentiality

The psychiatric fitness-for-duty report may contain personal medical information that is not related to the employee's work capability and should only be released by the medical records custodian in its entirety if management need-to-know conditions exist in accordance with MI EL-860-98-2, *Employee Medical Records*.

Retesting If Necessary

If the employee is found not fit for duty as a result of drug or alcohol toxicity, and if return to duty is contemplated, the employee is retested prior to return to duty.

Attachment 1
Request for Fitness-for-Duty Examination



Request for Fitness-for-Duty Examination

The purpose of the fitness-for-duty examination is to determine whether or not an employee is medically able to perform his or her job responsibilities. The employee's supervisor submits the request to the installation head or designee, who concurs with or denies the request. If there is concurrence, the request is forwarded to the Human Resources manager or designee. The supervisor must submit specific substantiating information with the request, including a copy of the attendance record, a job description with functional and environmental factors, and all other relevant observations regarding the employee.

It is essential that this substantiating documentation be specific and all-inclusive. This document along with the substantiating information may be submitted in its entirety to the examining medical professional.

Please complete the following:			
Date (MM/DD/YYYY)	Time	Pay Location	Facility
Employee's Name			Social Security No.
Street Address			Telephone No. (Include Area Code)
City		State	ZIP Code
Tour and Hours		Nonscheduled Days	
Job Title			Duty Status
Is This Request Due to a Job Related Injury or Illness? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date of Injury (MM/DD/YYYY)
Reason for Requesting the Fitness-for-Duty Examination: (Additional information may be submitted on a separate page)			

Supervisor's Name	Telephone No. (Include Area Code)
Supervisor's Signature	Date (MM/DD/YYYY)

Approved By:	
Facility Manager's Name	Telephone No. (Include Area Code)
Facility Manager's Signature	Date (MM/DD/YYYY)

In the event this is an emergency fitness for duty request, please supply the following:	
Employee Taken to:	<input type="checkbox"/> Health Unit <input type="checkbox"/> Contract Clinic <input type="checkbox"/> Emergency Facility
Name and Location	



Request for Fitness-for-Duty Examination

The purpose of the fitness-for-duty examination is to determine whether or not an employee is medically able to perform his or her job responsibilities. The employee's supervisor submits the request to the installation head or designee, who concurs with or denies the request. If there is concurrence, the request is forwarded to the Human Resources manager or designee. The supervisor must submit specific substantiating information with the request, including a copy of the attendance record, a job description with functional and environmental factors, and all other relevant observations regarding the employee.

It is essential that this substantiating documentation be specific and all-inclusive. This document along with the substantiating information may be submitted in its entirety to the examining medical professional.

Please complete the following:			
Date (MM/DD/YYYY)	Time	Pay Location	Facility
Employee's Name			Social Security No.
Street Address			Telephone No. (Include Area Code)
City		State	ZIP Code
Tour and Hours		Nonscheduled Days	
Job Title			Duty Status
Is This Request Due to a Job Related Injury or Illness? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date of Injury (MM/DD/YYYY)
Reason for Requesting the Fitness-for-Duty Examination: (Additional information may be submitted on a separate page)			

Supervisor's Name	Telephone No. (Include Area Code)
Supervisor's Signature	Date (MM/DD/YYYY)

Approved By:	
Facility Manager's Name	Telephone No. (Include Area Code)
Facility Manager's Signature	Date (MM/DD/YYYY)

In the event this is an emergency fitness for duty request, please supply the following:	
Employee Taken to:	<input type="checkbox"/> Health Unit <input type="checkbox"/> Contract Clinic <input type="checkbox"/> Emergency Facility
Name and Location	

Instructions for Psychiatric Fitness-for-Duty Examination

Reason for Referral

In the course of a fitness-for-duty examination, the Postal Service physician determines that an employee should be referred to a psychiatrist selected by the Postal Service.

Appropriate reasons for referral for a psychiatric examination include:

- An assessment of the possibility that psychiatric conditions exist.
- A finding that a level of dangerousness exists.
- A need to determine the ability of the employee to perform the job, with or without accommodation.

An important question to be answered is: "Is there a clear and direct threat to an identifiable target?"

Report Requested

As part of the examination report, please address the questions found in this attachment.

When determining whether the individual poses a direct threat, please address these issues:

- Duration of the risk.
- Nature and severity of the potential harm.
- Likelihood that the potential harm will occur.
- Imminence of the potential harm.

Discuss imminence of the potential harm. Communicate promptly with the Postal Service contact person if imminence is a concern. If there are clear indications of direct threat, please recommend appropriate actions to be taken to protect the employee and others.

If the person does not represent a clear and direct threat to an identifiable target, please recommend treatment and other possible actions necessary to guard against deterioration of the condition and, if possible, the circumstances.

Please indicate whether the release of the report would be likely to affect the employee adversely if he or she asks for one.

Note: The Postal Service requires that when the employee submits mental health assessments, determinations, and diagnoses, they are accepted only from the employee's treating psychiatrist or licensed clinical psychologist or from a psychiatrist or licensed clinical psychologist who has intimate knowledge of the case.

Questions

1. Is there a diagnosable physical condition or mental disorder that would affect the person's performance of his or her job?
2. Is the employee abusing prescription medications or using illegal substances?
3. What is your assessment of the reasons for the unusual behavior and the psychological dynamics related to their job functioning?
4. Is the employee capable of responding appropriately to supervision?
5. Is the employee suffering from a mental disorder that may be causally related to his or her work?
6. Are there nonoccupational psychosocial and environmental problems that may be causally related to the behavior?
7. Is there any focused anger or focused fear that could be translated into anger that might be problematic in terms of risk to self or others?
8. What is the current level of affective control and the individual's self-control mechanisms? How might they be compromised?
9. How, by professional intervention, might the individual's self-control mechanisms be strengthened?
10. Is the employee a potential risk to the safety and health of him- or herself or others? Is there any clear and direct threat to an identifiable target or targets?
11. What, if any, is the required remediation?
12. Are there indications of threat potential that, although not "clear and direct," are nonetheless identifiable and valid cause for concern? If so, discuss.
13. If work restrictions or accommodations are needed for a return to work, what are they and how long will the restrictions or accommodations be needed? Please advise if no accommodation will allow a return to work at this time.
14. Has the employee previously received a diagnosis of a condition that would require psychiatric treatment?
15. Is the employee still under care for the condition, and does this care include the use of psychotropic medications or agents?
16. If the employee is not under care, when was he or she last seen, and did the treatment include the use of psychotropic medications or agents?
17. What psychotropic medications or agents have been or are being used in the employee's care? (Please list.)
18. Are drowsiness, loss of attention, decreased reflexes or response time, increases in aggressive behavior, or anxiety documented side effects of taking the medication?

19. Will the individual be able to work at heights, work with or around machinery, or operate a motor vehicle while under the influence of the medication?
20. What is the expected length of time that the individual will be taking the medication?
21. Is the employee fit for duty?
22. Are there further recommendations concerning the status of this case or evaluation?

Fitness-for-Duty Examinations — Information for Supervisors

The fitness-for-duty examination is a medical assessment the results of which determine an employee's ability to perform the duties of the position.

General Policy

Management may request a fitness-for-duty examination and repeat examinations as necessary to safeguard the employee and coworkers. Specific reasons for the fitness-for-duty request must be stated by the requesting official.

Fitness-for-duty examinations must not interfere in any way with the employee's prescribed treatment regimen. The fact that an injured or ill employee is scheduled for a series of medical treatments or appointments with a medical provider does not, by itself, establish that the employee is not fit for duty.

Fitness-for-duty examinations are performed at the direction of the Postal Service at no cost to the employee. Payment includes reimbursement for any reasonable travel expenses incurred.

See *Employee and Labor Relations Manual* 864.3 and 547.3.

The Fitness-for-Duty Examination

Establishing Need for a Fitness-for-Duty Examination

The need for a fitness-for-duty examination is a serious matter and has health, safety, and labor relations ramifications. A fitness-for-duty examination should be scheduled when there is enough concern about an employee's ability to perform the duties of his or her position. Following are some of the reasons for which a fitness-for-duty examination may be performed:

- You, as the supervisor, indicate that there is a significant change or deterioration in the employee's performance or that the employee fails to maintain regular attendance. This evaluation excludes consideration of absences covered by FMLA.
- The employee has sustained a job-related injury, and the injury compensation specialist determines the need for an independent medical evaluation.
- Postal Service or contract medical personnel identify a condition or behavior that should be medically evaluated.

Responding to Unusual Behavior

You, as a supervisor — through your experience, oversight, and proximity to the worksite — are usually the individual most aware of changes in employee behavior. The following changes may indicate a potential problem requiring a fitness-for-duty examination:

- Significant increase in unscheduled absences.
- Marked increase in unexplained lavatory usage.
- Changes in behavior and work performance after lavatory or lunch breaks.
- General changes in behavior toward fellow employees.
- Deterioration in personal hygiene and cleanliness of the work location.
- Inattention to work duties and progressive deterioration in concentration and memory.

If you note the above, you should consider approaching the employee privately, discussing the behavior change, and assuring the employee that the information discussed is confidential to the extent possible. It is recommended that this initial conversation be undocumented and that it include an offer of the services of the Postal Service Occupational Health or Employee Assistance Programs.

If the employee refuses to converse with you in this initial period, document the refusal and consider requesting that a formal fitness-for-duty examination be performed.

Requesting an Examination

Use Form 2492, *Request for Fitness-for-Duty Examination*, when requesting a fitness-for-duty examination. *In addition to the information requested in the form, submit a written narrative describing the reason for the request.* You may also wish to submit, as attachments, attendance logs or any other pertinent information.

Obtain concurrence for the request from the installation head or designee. The installation head forwards the request to the Human Resources manager for further processing.

The main reason for rejecting requests for fitness-for-duty examinations is inadequate supporting documentation.

Notifying the Employee of the Examination

The occupational health nurse administrator, or designee, notifies Labor Relations of the scheduled examination. Labor Relations notifies you in writing of the examination appointment. The employee is notified by mail and, if practicable, by personal delivery from you.

The letter to the employee should include information concerning the reasons for which the fitness-for-duty examination is necessary.

Emergency Fitness-for-Duty Examinations

Establishing Need for an Emergency Fitness-for-Duty Examination

Postal facilities are required to have 24-hours-a-day access to medical providers. In situations where an employee exhibits acute and unusual behavior that is disruptive and could result in injury to the employee or others, an immediate medical assessment, and possibly treatment, may be necessary.

Responding to Threatening Behavior

Examples of behavior that could result in an employee resorting to workplace violence include:

- Argumentative behavior toward fellow employees and/or supervisors.
- Unusual interest in news reports and literature relating to violence and violent acts.
- Involvement in altercations in the workplace.
- Employee statements that demonstrate there are specific plans being formulated by the employee meant to bring harm through violence.
- Indication that the employee is impaired possibly as a result of substance abuse.

You must immediately contact the postal facility manager on duty, advise him or her of the situation, and receive concurrence from that manager that an emergency fitness-for-duty examination is needed. The facility medical and/or supervisory personnel notify the contract medical provider and make appropriate arrangements for the transportation of the employee to the medical facility.

Examination Results

Reporting and Interpreting Results

The results of the fitness-for-duty examination are sent by the examining physician directly to the district occupational health nurse administrator. Management must be advised of the results of the examination as soon as possible. The postal physician or occupational health nurse administrator is responsible for interpreting the medical findings for management and, if necessary, for the employee.

Observing Confidentiality

The fitness-for-duty report may contain personal medical information that is not related to the employee's work capability and must *not* be released by the medical records custodian in its entirety unless specific management need-to-know conditions exist in accordance with MI EL-860-98-2, *Employee Medical Records*.