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I. Introduction

The Minerals Management Service (MMS) Medical Standards Program (MSP) is a mandatory medical qualification and evaluation program. This Program is designed to safeguard the health and safety of all employees working in the offshore environment. And it is the result of work done by the MMS Medical Standards Review Team (MSRT) charged with the development, approval, and implementation of a medical qualification and evaluation program.

All the MMS employees whose job requirements subject them to significant health or safety risks due to either occupational or environmental exposure or both, or demands while working offshore will be required to participate in the MSP.

This Program has been approved by the Office of Personnel Management (OPM) and was signed by the MMS Director as an Interim Policy Document in August 2002 at which time the Program commenced.

The Medical Standards Handbook (MSH) stems from the establishment of the MSP. Its purpose is to provide information and guidance to the MMS employees on the implementation of the MSP. This Handbook was developed to ensure that the MSP is conducted in a consistent manner throughout the MMS. However, the MSH does not cover all possible situations that may arise in the MSP, because risks vary and the issues associated with them are personal in nature, and so are handled on a case-by-case basis.

The Handbook also should be used in conjunction with the MMS Manual Chapter on Medical Standards. In addition, the MSP Coordinator and Bureau Safety Manager in headquarters are responsible for updates and enhancements to this Handbook.

II. How the Medical Standards Program Works

Most applicants for federal employment, as well as current federal employees, are thought to be medically qualified to perform their duties safely and efficiently unless there is specific medical evidence indicating lack of qualification. For some positions, however, specific medical standards or requirements are warranted because of the arduous or hazardous nature of the work, the circumstances under which the work is conducted, the need for a high degree of reliability and safety for employees, and a commitment by the employing agency to safeguard the public. These standards or requirements have been determined to be pertinent for offshore facility inspectors, as well as other positions that meet the criteria.

The MMS MSP uses a two-tiered approach to carrying out the medical process: (1) A medical examination is performed, where an applicant or incumbent for a position receives an MMS-sponsored medical examination by a qualified medical provider according to a specific preset examination protocol, and (2) A Medical Review Officer (MRO) renders a recommendation relating to the medical fitness of the applicant or incumbent for the position based on the information obtained from the medical examination.

The most important characteristic of the two-tiered medical approach is that the examining physician concentrates on the patient examination and the MRO concentrates on the relationship between the medical data provided by the examining physician and the physical requirements of the job.

A Medical Finding will be issued if the MRO finds that an employee does not meet one or more of the medical standards. At this point, the employee can do one of the following:

1. Accept the medical finding and take appropriate corrective action.
2. Request a waiver of the specific medical standard(s), if appropriate.
3. Request provision for an accommodation that will allow the employee to perform the essential functions of his/her position, if appropriate; or,
4. Apply for disability retirement.

When a request for a waiver or accommodation is made, the decision to grant (or deny) will be made by the appropriate Regional Director (RD), Regional Manager (RM), or Chief, Office of Offshore Regulatory Programs (ORP) based on input from either the MRO or the Medical Advisory Committee (MAC), or both.

III. Delegations and Responsibilities

Associate Director for Administration and Budget and subordinate staff responsibilities are to:

1. Develop policy and monitor the MSP throughout the MMS.
2. Oversee records maintenance and monitor/audit the program.

Associate Director for Offshore Minerals Management (OMM) and subordinate staff responsibilities are to:

1. Ensure that the MSP is administered uniformly and fairly within the OMM.
2. Ensure overall funding of the MSP.

Chief, ORP responsibilities are to: maintain responsibility for the oversight, implementation, and funding of the MSP.

Chief, Safety and Enforcement Branch responsibilities are to: provide the Program Coordinator (PC) to oversee daily implementation of the MSP.

The RDs/RM responsibilities are to (the RDs may delegate these responsibilities no lower than the Deputy RD):

1. Ensure that the MSP is implemented uniformly and fairly within their Region.
2. Make decisions concerning the MSP incumbents and new hires where medical findings are reported and individuals have requested waivers and accommodations. Services of the MAC and MRO are available to assist in making decisions.
3. Concur with decisions of subordinate supervisors.
4. Ensure subordinate supervisors are aware of the MSP and continuously emphasizing safety in the performance of duties.
5. Ensure annual certification of position descriptions and identification of MSP participants.

Regional Supervisors, District Managers, and Section Supervisors responsibilities are to:

1. Ensure uniform and fair implementation of, and compliance with, the MSP within their areas of responsibility.
2. Educate employees in the requirements of the MSP.
3. Notify employees of the requirement to have physical exams when needed.
4. Ensure covered employees have the necessary training and personal protective equipment.
5. Collaborate with the RD/RM/Deputy RD on requests from covered employees for exceptions.

The MRO responsibilities are to:

1. Maintain a working knowledge of the duties, physical requirements, and medical standards for positions covered by this policy. This should include site visits to

- offshore facilities and participation in training in order to maintain a working knowledge of the positions.
2. Assist the RD/RM and the MAC in the disposition of medical findings.
 3. Serve as a standing member of the MAC.
 4. Make recommendations relating to the medical fitness of the applicant or incumbent for the position.
 5. Present medical findings based on medical information provided by the examining physician.

The MAC responsibility is to: consider details of medical finding cases and provide RD/RM or Deputy RD with sound recommendations on waivers and/or accommodations.

The MSP Coordinator responsibilities are to:

1. Serve as the focal point for program and information coordination.
2. Ensure development and funding of the annual statement of work for the MRO and the examining physicians for each Region.
3. Coordinate and track the flow of information/forms between the examining physician, the MRO, employees, supervisors, Human Resources (HR)/Personnel Offices, and RD/RM or Deputy RD.
4. Maintain a roster of program enrollees.
5. Track cycle of exams and notify supervisors when biennial physical exams are due for their employees.
6. Update and provide forms.

The Servicing HR/Personnel Offices responsibilities are to:

1. Provide guidance and assistance to the RD/RM.
2. Maintain employee medical folders in accordance with Title 5 CFR 293.
3. Provide assistance and guidance to managers and supervisors in processing personnel actions pertaining to the MSP.
4. Schedule physical examinations for employees and/or applicants and provide PC with scheduling information.

Employee responsibilities are to:

1. Wear/use provided personal protective equipment.
2. Report physical/mental conditions that would/could adversely affect job performance.
3. Maintain a constant awareness of surroundings/exposures.
4. Adhere to the MMS medical standards.

Chapter 1 – Medical Standards Program Qualifications and Enrollment

The Federal Government has an obligation to avoid, where possible, placing its employees in positions in which they may aggravate, accelerate, exacerbate, or permanently worsen existing and pre-existing medical conditions as a result of carrying out the work requirements of their positions. Federal regulations allow agencies and their bureaus to establish medical evaluation programs to safeguard the health and safety of employees whose work may subject them to significant health or safety risks, or both.

Enrollment in the MSP is based on a position's exposure to arduous physical exertion or hazardous conditions during visits to platforms, rigs, or other hazardous work areas. All the MMS employees whose job requirements subject them to significant health or safety risks due to occupational/environmental exposure or demands during visits to offshore sites will be required to participate in the MSP. Satisfying the requirements of the MSP will be a condition of employment for new hires.

The MMS Inspector classification (Series GS-1801) was used as the basis for establishing medical standards because their jobs by nature include arduous or hazardous duties. The functions of their jobs are performed under variable and unpredictable working conditions. There are other job series in the MMS (Petroleum Engineers, Structural Engineers, etc.) that meet those criteria, and those positions also should be included in the MSP.

On an annual basis, the Program Coordinator (PC) will send out a reminder to each region requesting an updated list of employees that should be enrolled in the MSP. Annual review of positions descriptions should be conducted by regional and headquarters management to determine if they meet the above criteria and those employees will be included in the MSP. Once enrollees are identified, a list of enrollees should be compiled by the various HR/Personnel offices from each region and sent to the PC in the ORP.

Chapter 2 – Elements of the OPM Approved Medical Standards

Medical Standards and Review Criteria for Medical Review Officers

The Medical Examination Services will include:

Histories

- General Medical History
- Occupational History

Examination Items

- General Appearance and Vital Signs (height, weight, blood pressure, heart rate)
- General Physical Examination, with special attention to:
 1. Overall Physical Fitness
 2. Habitus (obesity)
 3. Skin
 4. Eyes, Ears (including eardrum mobility), Nose, Mouth, and Throat
 5. Neck (including flexibility and rotation)
 6. Thyroid
 7. Respiratory System
 8. Cardiovascular System
 9. Back and Musculoskeletal System (including flexibility)
 10. Extremities (including strength, range of motion, and joint stability)
 11. Peripheral Vascular System
 12. Abdomen
 13. Gastrointestinal System
 14. Genitourinary System
 15. Central Nervous System (cranial nerves I-XII, and cerebellar function)
 16. Peripheral Nervous System (including reflexes, sensation, and position sense)
 17. Mental Status Evaluation

Diagnostic Tests/Procedures

- Audiogram (including 500, 1000, 2000, 3000, 4000, 6000, 8000 Hertz in both ears)
- Visual Acuity, Best Near and Far Vision, Corrected or Uncorrected
- Peripheral Vision
- Depth Perception
- Color Discrimination (including red, green, blue, and yellow) (baseline/exit exam)
- Pulmonary Function Test-Spirometry (baseline/exit exam)
- Chest X-Ray (CXR), PA and Lateral (baseline/exit exam)
- Electrocardiogram-Resting (baseline/exit exam)
- TB (Mantoux) Skin Test (baseline/exit exam)
- Tetanus Vaccination (to maintain as current)

Laboratory

- CBC (hemoglobin, hematocrit, platelets, white blood count with differential)
- Dipstick Urinalysis (baseline/exit exam only)
- Blood chemistries:
 1. LDH, SGOT/AST, SGPT/ALT, GGT, Bilirubin (baseline/exit exam only)
 2. Total Cholesterol, LDL-C, HDL-C, Triglycerides, Blood Sugar (each exam)

Clearances

- Medical Clearance for Inspectors

Psychiatric Standard

- The applicant/incumbent must have judgment, mental functioning, and social interaction/behavior that will provide for the safe and efficient conduct of the essential functions of the job (see Essential Functions Job Table in Appendix E.)

. This may be demonstrated by:

- No evidence by physical examination and medical history of psychiatric conditions (including alcohol or substance abuse) likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

(All diagnoses must be consistent with the diagnostic criteria as established by the “Diagnostic and Statistical Manual of Mental Disorders”, Fourth Edition, DSM-IV.)

1. **AMNESTIC-** disorders
2. **DELIRIUM-** (depending upon etiology and duration)
3. **DEMENTIAS-** (depending upon etiology and duration)
4. **DISSOCIATIVE DISORDERS**
5. **KLEPTOMANIA**
6. **PANIC DISORDER** and **OTHER ANXIETY DISORDERS-** (including claustrophobia and acrophobia, depending upon etiology, duration and severity of clinical expression)
7. **DEPRESSIVE, BIPOLAR, or OTHER MOOD DISORDERS-** (depending upon clinical course and status of current treatment and response)
8. **PYROMANIA**
9. **SCHIZOPHRENIA-** (Exceptions may be in cases of a single episode of schizophrenic reactions associated with an acute illness or toxic exposure capable of causing such reaction.)
10. **ANTISOCIAL, PARANOID, or SCHIZOID PERSONALITY DISORDER**
11. Any other condition not otherwise listed that may adversely affect safe and efficient job performance will be evaluated on a case-by-case basis

Basis for Psychiatric Standard

The PSYCHIATRIC standard relates to (A) the inspector's need for judgment, mental functioning, and social/behavior skills with (B) the essential functions and work conditions of an inspector, including potentially long work shifts, working and communicating effectively with other employees and the public; flying in helicopters for prolonged periods of time; working in confined or tight spaces; walking and working at often great heights; extreme noise, and sleep disruption. Some psychiatric conditions, including those listed in the standards, may not be compatible with safe and efficient performance of inspector duties under these conditions.

Prosthetics, Transplants, And Implants Standard

The presence or history of organ transplantation or uses of prosthetics or implants are not of themselves disqualifying. However, the applicant/incumbent must be able to safely and efficiently carry out the essential functions of the job (see Essential Functions Job Table in Appendix E.) This may be demonstrated by:

- No evidence by physical examination and medical history that the transplant, the prosthesis, the implant, or the conditions that led to the need for these treatments are likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

Note: In general, hand or arm amputations (with or without a prosthesis) are incompatible with the functional requirements of the job. For individuals with any transplant, prosthetic, or implanted pump or electrical device, the examinee will have to provide documentation for agency review from his/her surgeon or physician that the examinee (and, if applicable, his/her prosthetic or implanted device) is considered to be fully compatible with the specified essential functions of the job.

Basis for Prosthetics, Transplants, And Implants Standard

The PROSTHETICS, TRANSPLANTS, AND IMPLANTS standard relates to (A) the inspector's need to work safely and efficiently despite medical conditions that have led to the need for a prosthesis, transplant or implant with (B) the essential functions and work conditions of an inspector, including arduous exertion; reading and manipulation of small avionics devices; climbing and descending ladders (sometimes several flights and in dangerous situations); swinging while holding onto a rope; donning and using a self contained breathing apparatus; and quickly climbing into or exiting emergency equipment and helicopters, in situations of significant heights; remote locations; confined work areas; and extreme environmental conditions.

Immune System/Allergic Disorders Standard

The applicant/incumbent must be free of communicable diseases, have a healthy immune system, and be free of significant allergic conditions in order to safely and efficiently carry out the essential functions of the job (see Essential Functions Job Table in Appendix E.) This may be demonstrated by:

- A general physical exam of all major body systems that is within the range of normal variation, including:

1. No evidence of current communicable disease that would be expected to interfere with the safe and effective performance of the essential functions of the job.
 2. No evidence of current communicable disease that would be expected to pose a threat to the health of any co-workers or the public.
 3. Normal nasopharynx, major sinuses, eustachian tube, and pulmonary exam.
- Normal complete blood count, including white blood count and differential.
 - Current vaccination status for tetanus.
 - No evidence by physical examination and medical history of infectious disease, immune system, or allergy conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job. Individuals with a history of anaphylaxis or major allergy problems may be required to carry a personal anaphylaxis kit (injectable epinephrine).

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **TUBERCULOSIS** – (A history of TB that has been appropriately treated for longer than 6 months is not disqualifying, provided that documentation supports the treatment history and the person has a current chest X-ray showing no active disease. A person with a positive purified protein derivative (PPD) or mantoux skin test will be required to have a chest X-ray and, if indicated, a sputum culture.)
2. Any other condition not otherwise listed that may adversely affect safe and efficient job performance will be evaluated on a case-by-case basis.

Basis for Immune System/Allergic Disorders Standard

The IMMUNE SYTEM/ALLERGIC DISORDERS standard relates to (A) the inspector’s need to be free of infectious disease, or immune system or allergy conditions likely to present a safety risk to self or others with (B) the essential functions and work conditions of an inspector, including arduous exertion; up to 16 hour shifts; and working in confined spaces or in confined living areas under conditions including flying in small helicopters at altitudes of up to 3,000 feet in extremes of climate, and exposure to wildlife.

Medication Standard

The need for and use of prescribed or over-the-counter medications are not of themselves disqualifying. However, there must be no evidence by physical examination, laboratory tests, or medical history of any impairment of body function or mental function; and, no evidence of attention due to medications if that impairment is likely to present a safety risk or to worsen as a result of carrying out the specified essential functions of the job, under the conditions in which those functions must be carried out (see Essential Functions Job Table in Appendix E.) Each of the following points should be considered:

1. Medication(s) (type and dosage requirements)
2. Potential drug side effects
3. Drug-drug interactions
4. Adverse drug reactions

5. Drug toxicity or medical complications from long-term use
6. Drug-environmental interactions
7. Drug-food interactions
8. History of patient compliance

Basis For Medication Standard

The MEDICATION standard relates to (A) the inspector's need for full physical and mental function and attention and a low risk of sudden or subtle incapacitation with (B) all of the essential functions and work conditions of an inspector.

Eye/Vision Standard

The applicant/incumbent must be able to see well enough to safely and efficiently carry out the essential functions of the job (see Essential Functions Job Table in Appendix E.) This requires binocular vision, near and far visual acuity, depth perception, peripheral vision, and color vision, which may be demonstrated by:

- Far visual acuity of at least 20/40 in each eye; this may be achieved with corrective lenses (if necessary), including contact lenses or spectacles.
- Near visual acuity of at least 20/30 (Snellen equivalent) at 16 inches; this may be achieved with corrective lenses (if necessary), including contact lenses or spectacles.
- Color vision sufficient to distinguish at least red, green, blue, and amber (yellow).
- Peripheral vision of at least 85° laterally in each eye.
- Normal depth perception.
- No ophthalmologic condition that would increase ophthalmic sensitivity to bright light, fumes, or airborne particulates, or susceptibility to sudden incapacitation.

Note: Contact lenses are acceptable for correction of visual acuity, but the user must be able to demonstrate that the corrective device(s) can be worn safely and for extended periods of time without significant maintenance, as well as being worn with any necessary personal protective equipment.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **CHRONIC CONJUNCTIVITIS**
2. **CORNEAL ULCERS** – (This condition must be treated and cleared by an Ophthalmologist before a medical clearance can be granted.)
3. Any other condition not otherwise listed that may adversely affect safe and efficient job performance will be evaluated on a case-by-case basis.

Basis for Eye/Vision Standard

The VISION standard relates to (A) the inspector's need to be able to see fully and clearly (including binocular vision, visual acuity, depth perception, peripheral vision, and color vision) with (B) the essential functions and work conditions of an inspector. The breakdown is as follows:

- The standard for far vision is set at 20/40 in each eye, consistent with the need to drive to take off points or other on-shore inspection locations.
- The standard for near vision is set at 20/30 in both eyes, consistent with the need to read and manipulate small avionics devices, read documents and maps, and gauges.
- The color vision requirement includes the ability to discriminate between and identify the colors red, green, blue, and amber (yellow), and to do so under conditions that may include highly variable lighting conditions, from bright sunshine to darkened confined spaces, and in extremes of climate. Also, driving and working in a major industrial environment with high pressure devices, safety equipment, and warning devices that often are color coded.
- The peripheral vision standard is set as 85° laterally, which is generally considered to be normal, and is necessary in order to provide the safety of visual situational awareness in a major industrial setting in remote locations at great height.
- The depth perception standard includes climbing and descending stairs and ladders, walking on open-grated walkways, sometimes without railings and at great heights, seeing and stepping over obstacles.

Head, Nose, Mouth, Throat, And Neck Standard

The applicant/incumbent must have structures and functions of the head, nose, mouth, throat, and neck that are sufficient for the individual to safely and efficiently carry out the essential functions of the job (see Essential Functions Job Table in Appendix E.) This may be demonstrated by:

- A physical exam of the head, nose, mouth, throat, and neck that is within the range of normal variation, including:
 1. Normal flexion, extension, and rotation of the neck.
 2. Open nasal and oral airways.
 3. Unobstructed Eustachian tubes.
 4. No structural abnormalities that would prevent the normal use of a hardhat and protective eyewear.
- Normal conversational speech.
- No evidence by physical examination and medical history of head, nose, mouth, throat, or neck conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **MUTISM/APHONIA**
2. **NASAL POLYPS THAT SIGNIFICANTLY OBSTRUCT BREATHING**
3. **RESTRICTED RANGE OF MOTION IN THE NECK**
4. Any other condition not otherwise listed that may adversely affect safe and efficient job performance will be evaluated on a case-by-case basis.

Basis For Head, Nose, Mouth, Throat, And Neck Standard

The HEAD, NOSE, MOUTH, THROAT, AND NECK standard relates to (A) the inspector's need to be able to move the head without restriction; breath freely; equalize pressure in the ears; wear personal protective equipment, and communicate clearly with (B) the essential functions

and work conditions of an inspector, including arduous exertion; driving; climbing into and out of small helicopters; speaking clearly and being understood by the public, pilots, and co-workers; looking in all directions; donning, wearing, and using a self contained breathing apparatus (SCBA) (for escape purposes only); entering and exiting emergency equipment and helicopters quickly; and be able to complete and pass a helicopter underwater egress and marine survival training course. This includes being submerged and overturned quickly while in a confined space; become reoriented and escape from the training device and reach the surface and tread water.

Ear/Hearing Standard

The applicant/incumbent must be able to hear well enough to safely and efficiently carry out the essential functions of the job (see Essential Functions Job Table in Appendix E.) This requires binaural hearing (to localize sounds) and auditory acuity. The decibel levels will be no greater than 40 dB at 500, 1000, 2000, and 3000 Hertz in each ear. There must be no evidence by physical examination and medical history of ear conditions (external, middle, or internal) likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

Note: The use of a hearing aid(s) to meet this standard is not permitted. The MMS administers a continuing, effective hearing conservation program as described in Title 29 CFR 1910.95. This program mandates annual audiograms for employees exposed to the offshore environment. Accordingly, audiograms conducted as part of a pre-placement examination will adhere to the requirements of Title 29 CFR 1910.95 for baseline audiograms. The requirement for annual audiograms will continue. All other aspects of the EAR/HEARING STANDARDS will be conducted according to the schedule in the MMS guidelines for its medical standards/physical requirements program.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **MENIERE'S DISEASE**
2. **RUPTURED OR PERFORATED EAR DRUM**
3. **ACUTE OR CHRONIC OTITIS MEDIA OR EXTERNA**
4. Any other condition not otherwise listed that may adversely affect safe and efficient job performance will be evaluated on a case-by-case basis.

Basis for Ear/Hearing Standard

The EAR/HEARING standard relates to (A) the inspector's need to hear verbal communications and both natural and manmade warning sounds, and to localize the source of sounds with (B) the essential functions and work conditions of an inspector, including hearing and responding to the flight intercom; speaking clearly and being understood by the public and coworkers; listening for and responding to alarm signals; being continuously and clearly aware of surroundings; and be able to complete and pass a helicopter underwater egress and marine survival training course. These functions are carried out in a major industrial environment involving moving materials and heavy equipment; high pressure and temperature devices; and other highly hazardous agents. The hearing standard is for no thresholds greater than 40 dB at 500, 1000, 2000, and 3000 Hertz in each ear, consistent with the primary verbal communication frequencies. This level is higher

(i.e., allowing for less acute hearing) than what is considered to be “normal” hearing (a threshold of no greater than 25 dB), but is felt to provide a reasonable and safe hearing threshold level where louder than normal communications may be expected, such as when speaking and amidst the mechanical noises of the work environment. In general, hearing aides are not permitted in meeting this standard, due to the limitation in directional hearing provided by hearing aides.

Dermatology Standard

The applicant/incumbent must have skin that is sufficient for the individual to safely and efficiently carry out the essential functions of the job (see Essential Functions Job Table in Appendix E.) This may be demonstrated by:

- A physical exam of the skin that is within the range of normal variation.
- No evidence by physical examination and medical history of dermatologic conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **ALBINISM**
2. **CHRONIC DERMATITIS**
3. Any other condition not otherwise listed that may adversely affect safe and efficient job performance will be evaluated on a case-by-case basis.

Basis For Dermatology Standard

The DERMATOLOGY standard relates to (A) the inspector’s need for intact, durable, and healthy skin with (B) the essential functions and work conditions of an inspector, including arduous exertion; wearing standard personal protective equipment (e.g., hard hat, steel toed shoes, flight helmet); swinging using a hand-held rope; and donning, wearing, and using an SCBA (for escape purposes) in conditions that may include extremes of climate, and exposures to gases, fumes, particulates, bright sun, open flame, and dehydration.

Vascular System Standard

The applicant/incumbent must have a vascular system that is sufficient for the individual to safely and efficiently carry out the essential functions of the job (see Essential Functions Job Table in Appendix E.) This may be demonstrated by:

- A physical exam of the vasculature of the upper and lower extremities that is within the range of normal variation, including:
 1. No evidence of phlebitis or thrombosis.
 2. No evidence of venous stasis.
 3. No evidence of arterial insufficiency.
- No evidence by physical examination and medical history of peripheral vasculature conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **CHRONIC VENOUS INSUFFICIENCY**
2. **DEEP VEIN THROMBOSIS**
3. **CHRONIC THROMBOPHLEBITIS**
4. **INTERMITTENT CLAUDICATION**
5. Any other condition not otherwise listed that may adversely affect safe and efficient job performance will be evaluated on a case-by-case basis.

Basis for Vascular System Standard

The VASCULAR SYSTEM standard relates to (A) the inspector's need for healthy blood vessels (including a lack of phlebitis [inflamed veins], thrombosis [blood clots in the veins], venous stasis [poor blood flow in the veins], or arterial insufficiency or disease) with (B) the essential functions and work conditions of an inspector, including arduous exertion; lifting and carrying heavy items; climbing into and out of helicopters; flying in helicopters for prolonged periods of time (with little or no opportunity to stretch out or move freely); working in confined spaces; climbing and descending stairs and ladders (sometimes several flights, and often open-grated and over water); and kneeling, stooping, bending over, and pushing and pulling objects, under conditions that may include slick metal and wooden uneven surfaces, extremes of climate, and major industrial sites in remote locations.

Cardiac Standard

The applicant/incumbent must have a cardiovascular system that is sufficient for the individual to safely and efficiently carry out the essential functions of the job (see Essential Functions Job Table in Appendix E.) This may be demonstrated by:

- A physical exam of the cardiovascular system that is within the range of normal variation, including:
 1. Blood pressure of less than or equal to 140 mmHg systolic and 90 mmHg diastolic.
 2. A normal baseline electrocardiogram (minor, asymptomatic arrhythmias may be acceptable).
 3. No pitting edema in the lower extremities.
 4. Normal cardiac exam.
- No evidence by physical examination and medical history of cardiovascular conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job (see Essential Functions Job Table in Appendix E.)

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **PACEMAKERS or PROSTHETIC VALVES-** (may be disqualifying. Documentation from the individual's cardiologist, stating that the individual is stable and can safely carry out the specified essential functions of the job under the specified work conditions, will be necessary before a clearance can be granted.)

2. **CORONARY ARTERY DISEASE-** (Documentation from the individual's cardiologist that the physician understands the essential functions of the job and the work conditions, and considers the individual to be capable of safely and efficiently performing them, may allow a clearance despite this diagnosis.)
3. **HYPERTENSION** - (that cannot be controlled to a level of 140/90 or less, or requires the use of any medication that affects the ability of the individual to safely and effectively carry out the essential functions of the job, may be disqualifying.)
4. **MYOCARDIAL INFARCTION** – (Documentation from the individual's cardiologist, stating that the individual is stable and can safely carry out the specified essential functions of the job under the specified work conditions, will be necessary before a clearance can be considered.)
5. **VALVULAR HEART DISEASE-** (such as mitral valve stenosis, symptomatic mitral valve regurgitation, aortic stenosis, etc. Documentation from the individual's cardiologist, stating that the individual is stable and can safely carry out the specified essential functions of the job under the specified conditions and without aggravating the condition, will be necessary before a clearance can be considered.)
6. **DYSRHYTHMIAS** – (Documentation from the individual's cardiologist, stating that the individual is stable and can safely carry out the specified essential functions of the job, under the specified work conditions and without aggravating the condition, will be necessary before a clearance can be considered.)
7. **ANGINA PECTORIS-** (or chest pain of unknown etiology.)
8. **CONGESTIVE HEART FAILURE**
9. Any other condition not otherwise listed that may adversely affect safe and efficient job performance will be evaluated on a case-by-case basis.

Basis For Cardiac Standard

The CARDIAC standard relates to (A) the inspector's need for a healthy cardiovascular system and a low risk of sudden or subtle cardiac incapacitation with (B) the essential functions and work conditions of an inspector, including arduous exertion; lifting and carrying heavy items; climbing into and out of helicopters; flying in helicopters for prolonged periods of time; swinging while holding onto a rope; climbing into or onto personnel baskets and being suspended 100 feet or more above the water; being able to complete and pass a helicopter underwater egress and marine survival training course; working in confined spaces; climbing and descending stairs and ladders (sometimes several flights, and often open-grated and over water); and kneeling, stooping, bending over, and pushing and pulling objects, under conditions that may include extremes of climate, and major industrial sites in remote locations.

Chest And Respiratory System Standard

The applicant/incumbent must have a respiratory system that is sufficient for the individual to safely and efficiently carry out the essential functions of the job (see Essential Functions Job Table in Appendix E.) This may be demonstrated by:

- A physical exam of the respiratory system that is within the range of normal variation.
- A pulmonary function test showing:
 1. Forced vital capacity (FVC) of at least 70 percent of the predicted value.
 2. Forced expiratory volume at 1 second (FEV1) of at least 70 percent of the predicted value.
 3. The ratio FEV1/FVC of at least 70 percent of the predicted value.
- No evidence by physical examination and medical history of respiratory conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **SIGNIFICANT OBSTRUCTIVE or RESTRICTIVE PULMONARY DISEASE**
2. **ASTHMA** - (must be considered on a case-by-case basis)
3. **ACTIVE PULMONARY TUBERCULOSIS-** (TB-Please see the “Immune System/Allergic Disorders Standard”_for specific guidance on TB.)
4. **HISTORY OF CHRONIC BRONCHITIS ASSOCIATED WITH DECREASED PULMONARY FUNCTION**
5. **SPONTANEOUS PNEUMOTHORAX** - (if recurrent)
6. **PNEUMONECTOMY** - (if associated with impaired pulmonary function)
7. Any other condition not otherwise listed that may adversely affect safe and efficient job performance will be evaluated on a case-by-case basis.

Basis For Chest And Respiratory System Standard

The CHEST AND RESPIRATORY SYSTEM standard relates to (A) the inspector’s need for a healthy respiratory system and residual (or extra, backup) aerobic capacity with (B) the essential functions and work conditions of an inspector, including arduous exertion; lifting and carrying heavy items; climbing into and out of helicopters; swinging while holding onto a rope; climbing into or onto personnel baskets and being suspended 100 feet or more above the water; being able to complete and pass a helicopter underwater egress and marine survival training course; working in confined spaces; and climbing and descending stairs and ladders (sometimes several flights, and often open-grated and over water), under conditions that may include gases; particulates; and fumes, including hydrogen sulfide, combustibles, corrosives, solvents, and other chemicals; dehydration; close living/working quarters; and extremes of climate in major industrial sites in remote locations.

While there is no associated, specific standard, a baseline CXR is to be obtained for all employees covered by these standards in order to document the employee’s status at the time work duties are initiated. This is due to the potential for occupational exposure to respiratory hazards in the course of employment as an offshore employee, and the value to the employee and

to the agency of having films available for comparison should the employee's pulmonary or cardiac health change over time. If current CXR films (i.e., taken within the previous 6 months) are available to the agency, and will be maintained and available for the entire period of employment, the CXR does NOT have to be repeated during the baseline examination.

Endocrine And Metabolic System Standard

Any excess or deficiency in hormonal production can produce metabolic disturbances affecting weight, stress adaptation, energy production, and a variety of symptoms or pathology such as elevated blood pressure, weakness, fatigue, and collapse. The applicant/incumbent must have endocrine and metabolic functions that are sufficient for the individual to safely and efficiently carry out the essential functions of the job (see Essential Functions Job Table in Appendix E.) This may be demonstrated by:

- A physical exam of the skin, thyroid, and eyes that is within the range of normal variation.
- Normal fasting blood sugar level.
- No evidence by physical examination (including laboratory testing) and history of endocrine/metabolic conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **ADRENAL DYSFUNCTION** (e.g., Addison's Disease or Cushing's Syndrome)
2. **THYROID DISEASE** (uncontrolled or associated with current complications)
3. **HYPERGLYCEMIA** (without a history of diabetes will require additional tests)
4. Including, but not limited to, a glycohemoglobin (or hemoglobin A_{1c}) and fasting glucose before a final medical determination is made.
5. Any other condition not otherwise listed that may adversely affect safe and efficient job performance will be evaluated on a case-by-case basis.

Note: A diagnosis of diabetes is not disqualifying so long as there are no significant complications (e.g., cardiovascular, visual, renal, neurological); the condition is controlled by diet and/or exercise, or oral medication; if the condition is insulin requiring, there has to be evidence of no severe hypoglycemic insulin reactions (e.g. alteration of consciousness) during the past year. In each case, the individual's condition must be assessed in relation to the actual duties and requirements of the position.

Basis For Endocrine And Metabolic System Standard

The ENDOCRINE AND METABOLIC SYSTEM standard relates (A) the inspector's need for normal body function and maintenance and a low risk of sudden or subtle incapacitation with (B) the essential functions and work conditions of an inspector, including arduous exertion; working up to 16 hour shifts; lifting and carrying heavy items; driving to take off points, 30 minutes to 4 hours away; climbing into and out of helicopters; flying in helicopters for prolonged periods of time, swinging while holding onto a rope; climbing into or onto personnel baskets and being suspended 100 feet or more above the water; being able to complete and pass a helicopter underwater egress and marine survival training course; working in confined spaces; and climbing

and descending stairs and ladders (sometimes several flights, and often open-grated and over water), in conditions that include offshore/ocean locations; open gratings over water; exposed heights (up to 200 feet on structures); extremes of climate; and variable light conditions, in a major industrial environment in isolated, remote sites.

The Condition Of Pregnancy

If a female applicant/incumbent raises the issue of pregnancy as the basis for requesting a special benefit, change in duty status, or job restrictions, then justification and clarification for that request must be provided by the applicant's/incumbent's obstetrician or primary care physician. The justification and clarification must include the estimated time period the special conditions are expected to apply.

Note: The Condition of the Pregnancy does not become an issue under most circumstances since pregnancy is not a disability and is a time-limited condition.

Hematopoietic System Standard

The applicant/incumbent must have a hematopoietic (blood and blood-producing) system that is sufficient for the individual to safely and efficiently carry out the essential functions of the job. This may be demonstrated by:

- A physical exam of the skin that is within the range of normal variation.
- A complete blood count (including hemoglobin, hematocrit, platelets, and white blood count, with differential) that is within the normal range.
- No evidence by physical examination (including laboratory testing) and medical history of hematopoietic conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **ANEMIA**
2. **HEMOPHILIA**
3. **CHRONIC LYMPHANGITIS**
4. **SICKLE CELL ANEMIA**
5. Any other condition not otherwise listed that may adversely affect safe and efficient job performance will be evaluated on a case-by-case basis

Basis For Hematopoietic System Standard

The HEMATOPOIETIC SYSTEM standard relates to (A) the inspector's need for sufficient blood (for its oxygen and energy carrying capacity), a healthy blood producing system, and a low risk of sudden or subtle incapacitation with (B) the essential functions and work conditions of an inspector, including arduous exertion and carrying out the physical requirements of the job in settings that may include working at exposed heights (up to 200 feet on structures); flying in helicopters up to 3000 feet high; extremes of climate; exposure to wildlife (e.g., birds, sea lions); and a major industrial environment in remote locations.

Musculoskeletal System Standard

The applicant/incumbent must have a musculoskeletal system that is sufficient for the individual to safely and efficiently carry out the essential functions of the job (see Essential Functions Job Table in Appendix E.) This may be demonstrated by:

- A physical exam of the upper and lower extremities, neck, and back that is within the range of normal variation for strength, flexibility, range of motion, and joint stability.
- No evidence by physical examination and medical history of musculoskeletal conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **ARTHRITIS** - (any etiology; if there is a limitation of major joint motion, and/or pain that prevents the full range of required performance activities.)
2. **AMPUTATIONS OF DIGITS** – (will be evaluated on a case-by-case basis.)
3. **ANKYLOSING SPONDYLITIS**
4. **LUMBOSACRAL INSTABILITY** – (pain or limitation of flexibility and/or strength adversely affecting the ability to stand, bend, stoop, carry heavy objects, or sit for long periods.)
5. **SCIATICA OR OTHER NEUROPATHIES**
6. **CHRONIC LOW BACK PAIN** - (by medical history; without demonstrable pathology must be considered on a case-by-case basis. Each case will be reviewed in context of the original history or etiology, the response to therapeutic regimes, frequency of recurrence, exacerbating factors, and lengths of disability associated with the recurrences combined with the current clinical presentation.)
7. **CHRONIC SPRAIN OR STRAIN OF THE NECK** – (any history of limiting mobility or causing recurring cephalgia, i.e., headaches.)
8. **CERVICAL NEUROPATHY** – (any evidence of a including numbness, tingling, or loss of motor strength in the upper extremities.)
9. Any other condition not otherwise listed that may adversely affect safe and efficient job performance will be evaluated on a case-by-case basis.

Basis For Musculoskeletal System Standard

The MUSCULOSKELETAL SYSTEM standard relates to (A) the inspector's need for strength; flexibility; range of motion; and joint stability in the upper and lower extremities, neck, and back with (B) the essential functions and work conditions of an inspector, including putting on and wearing safety gear; lifting and carrying heavy items; climbing into and out of helicopters; manipulating small avionics devices; manipulating aircraft doors and shoulder harnesses; working in confined spaces; climbing and descending stairs and ladders (sometimes several flights, and often open grated and over water); kneeling, stooping, bending over, and pushing and pulling objects; holding a clip board; writing with pen or pencil; using a computer keyboard; swinging while holding onto a rope; climbing into small, unsteady boats; climbing into or onto

personnel baskets and being suspended 100 feet or more above the water; climbing into emergency devices and escape pods quickly; being able to complete and pass a helicopter underwater egress and marine survival training course in settings that include slick metal, wooden, and uneven surfaces; exposed heights (up to 200 feet on structures); extremes of climate; and a major industrial environment in remote locations.

Central and Peripheral Nervous System Standard And Vestibular System Standard

The applicant/incumbent must have a nervous system that is sufficient for the individual to safely and efficiently carry out the essential functions of the job (see Essential Functions Job Table in Appendix E.) This may be demonstrated by:

- A physical exam of the cranial and peripheral nerves and the vestibular and cerebellar system that is within the range of normal variation, including:
 1. Intact cranial nerves (I-XII).
 2. Normal proprioception of the major joints.
 3. Normal sensation of hot and cold in the hands and feet.
 4. Normal sense of touch in the hands and feet with normal reflexes of the upper and lower extremities.
 5. Normal balance (e.g., heel-toe walk, Romberg, balance on one foot)
- Normal basic mental status evaluation (e.g., person, place, time, current events).
- No evidence by physical examination and medical history of nervous, cerebellar, or vestibular system conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **ATAXIA** – (from any etiology)
2. **VESTIBULAR NEURONITIS**
3. **VERTIGO**
4. **PHYSIOLOGIC VERTIGO (MOTION SICKNESS)**
5. **CEREBROVASCULAR ACCIDENT** or **TRANSIENT ISCHEMIC ATTACKS**
6. **EPILEPSY** *
7. **NARCOLEPSY**
8. **SENSORY DYSFUNCTION** - (smell, touch, proprioception)
9. **MIGRAINE**
10. **SEIZURES** *
11. Any other condition not otherwise listed that may adversely affect safe and efficient job performance will be evaluated on a case-by-case basis.

***Note:** The decision as to whether an individual with a history of seizure disorders can safely perform the duties of a particular position must be made by agency management according to the circumstances in each case. This would include consideration of the nature of the position, medical reports, the nature of past seizures (frequency, duration, severity, whether there is a significant loss of awareness or body tone, etc.), whether the condition is

successfully controlled by medication, whether the medication has any serious adverse side effects, and the individual's experience with maintaining the treatment regimen.

Basis For Central And Peripheral Nervous System Standard And Vestibular System Standard

The CENTRAL AND PERIPHERAL NERVOUS SYSTEM and VESTIBULAR SYSTEM standards relate to (A) the inspector's need for balance, sensation of surroundings and self, and a low risk of sudden or subtle incapacitation with (B) the essential functions and work conditions of an inspector, including arduous exertion; driving to take off points; climbing into and out of helicopters; flying in helicopters, including over water and for prolong periods of time; working in confined spaces; walking on open grated walkways, sometimes without railings and at great heights; looking in all directions; climbing into small, unsteady boats; climbing into or onto personnel baskets and being suspended 100 feet or more above the water; being continuously and clearly aware of surroundings; being able to complete and pass a helicopter underwater egress and marine survival training course, in settings that include slick metal, wooden and uneven surfaces; extremes of climate; high ladders; steep stairs; swing ropes and man baskets; variable lighting conditions; major industrial environments; and isolated, remote sites.

Gastrointestinal System Standard

The applicant/incumbent must have a gastrointestinal tract that is sufficient for the individual to safely and efficiently carry out the essential functions of the job (see Essential Functions Job Table in Appendix E.) This may be demonstrated by:

- A physical exam and evaluation of the gastrointestinal tract that is within the range of normal variation.
- Normal liver function tests (baseline exam).
- No evidence by physical examination (including laboratory testing) and medical history of gastrointestinal conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **ACUTE AND CHRONIC ACTIVE HEPATITIS.**
2. **ACUTE VIRAL HEPATITIS** - (After being asymptomatic for three (3) months an applicant may be re-evaluated.)
3. **CROHN'S DISEASE/ULCERATIVE COLITIS/REGIONAL ENTERITIS/SPRUE or IRRITABLE BOWEL SYNDROME** - (These conditions, if controlled with surgical, dietary, and/or medication treatments, will be reviewed on a case-by-case basis.)
4. **COLOSTOMIES** – (unless the precipitating condition has stabilized and the applicant/incumbent demonstrates successful management of the colostomy, considering the requirements of the function and the work conditions.)
5. **ILEITIS** - (chronic or recurring)
6. **CHOLECYSTITIS** - (chronic or recurring)
7. **DIVERTICULITIS** - (symptomatic)

8. **CIRRHOSIS OF THE LIVER** - (depending upon the degree of severity and the etiology)
9. **INTESTINAL OBSTRUCTION** – (from any cause)
10. **ESOPHAGEAL VARICES**
11. **PANCREATITIS**
12. **UNTREATED (OR UNSUCCESSFULLY TREATED) INGUINAL, INCISIONAL, OR VENTRAL HERNIA** – (that is associated with symptoms.)
13. **ACTIVE GASTRIC OR DUODENAL ULCER**
14. **GASTRIC OR BOWEL RESECTION** – (if there is any evidence; historical or physical) of post-treatment, current pain, hemorrhage, fainting episodes, or dietary restrictions that could interfere with the performance of the job.)
15. Any other condition not otherwise listed that may adversely affect safe and efficient job performance will be evaluated on a case-by-case basis

Basis For Gastrointestinal System Standard

The GASTROINTESTINAL SYSTEM standard relates to (A) the inspector’s need to be able to have a low risk of sudden or subtle incapacitation related to the gastrointestinal tract, with (B) the essential functions and work conditions of an inspector, including up to 16 hour shifts and up to 150 days of inspections per year; flying in a helicopter for prolonged periods of time being able to complete and pass a helicopter underwater egress and marine survival training course, in settings that include extremes of climate, solvents and other chemicals; dehydration; and a major industrial environment in isolated, remote locations.

Genitourinary System Standard

The applicant/incumbent must have a genitourinary system that is sufficient for the individual to safely and efficiently carry out the essential functions of the job (see Essential Functions Job Table in Appendix E.) This may be demonstrated by:

- A normal clean catch urinalysis (baseline exam)
- No evidence by physical examination and medical history of genitourinary conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **POLYCYSTIC KIDNEY DISEASE**
2. **ACUTE or CHRONIC RENAL FAILURE**
3. **NEPHROTIC SYNDROME**
4. **SYMPTOMATIC URINARY CALCULI**
5. **NEUROGENIC BLADDER**
6. **UNCORRECTED OBSTRUCTIVE UROPATHIES**
7. **RENAL TOXICITY FROM ANY CAUSE**
8. Any other condition not otherwise listed that may adversely affect safe and efficient job performance will be evaluated on a case-by-case basis.

Basis For Genitourinary System Standard

The GENITOURINARY SYSTEM standard relates to (A) the inspector's need for a healthy genitourinary system and a low risk of sudden or subtle incapacitation with (B) the essential functions and work conditions of an inspector, including arduous exertion; up to 16-hour shifts; and flying in helicopters for prolonged periods of time, in settings that include a major industrial environment in isolated, remote locations.

Chapter 3 – Medical Examinations

Per 5 CFR Ch. 1 Part 339 Subpart C (339.301); an agency has the authority to require an examination for positions which have specific medical standards established under these regulations. As stated in 339.303 (b) “the agency designates the examining physician or other appropriate practitioner to perform the exams under a medical standards program.”

The screening exams will be paid for by the MMS and conducted on official time. The examination sites will be chosen by the MMS. A contract is in place with an occupational health program vendor to find and perform these exams (see Chapter 5 for details of these services).

The categories of examinations required under the MSP are:

Pre-placement Exam

A mandatory medical examination is given to determine a potential selectee(s) ability to meet medical standards and physical requirements of their position. Only those potential selectee(s) will be hired who meet, with or without reasonable accommodation, all medical standards and physical requirements. (Approval to disqualify or pass over a “preference eligible” applicant must be obtained from the Office of Personnel Management (OPM).)

Employees hired either temporarily or for summer employment will be required to undergo a pre-placement exam if their position is identified to be enrolled in the MSP. Since their jobs are short term, they would not be offered a post-employment exam when they leave the program or the MMS. If they return to the MMS at a future date, and that timeframe is before their next scheduled exam, they will not be required to have another exam. They will be asked to sign a letter stating that their physical/medical condition has not changed since their last exam. If there is some change, then an exam may be required.

In-service Exam

A mandatory medical examination is given to an employee in a position included in the MSP. For employees enrolled in the MSP, in-service exams will be given at age adjusted intervals. The table below gives the breakdown of the exams.

Current Age	Exam Is Due
29 and under	every 5 years
30 to 45	every 3 years
46 to 59	every 2 years
60 and above	every year

Medical conditions that may be incompatible with safe and efficient job performance become more common as individuals get older. However, because the medical standards developed for the MMS offshore employees are not based on age but on the functional requirements of the job, the standards apply to all such employees **all the time** (not just when a periodic clearance exam is conducted and reviewed). For this reason, it has been determined by the OPM that variations

in the periodicity of clearance examinations based on age do not represent age-based discrimination.

The clearance examination provides a way for the MMS periodically to confirm that its offshore employees are continuing to meet the medical standards that have been established for the positions covered by those standards, or that appropriate measures (such as waivers, accommodations, or restrictions) have been taken to help assure safe and efficient job performance.

Following the above schedule, every offshore employee is required to have a clearance examination within the time period specified for the employee's age at any point in time.

For example, on July 1, 2005, Employee A, a 48-year-old employee (due for an exam every 2 years) and who had undergone a clearance exam on July 15, 2004, would not be required to have his next examination scheduled since his most recent exam was within the 2-year period specified in the table. On the same date, Employee B, a 29-year-old employee (due for an exam every 5 years) who had an exam on June 15, 2003, also would not require an exam at the present time since it would only have been 2 years since her last exam (with apparently 3 years to go until the next required exam). However, the following year (2006), Employee B would be 30 years old and now is due for clearance exams every 3 years. Since the last exam was in 2003 (3 years earlier than the 2006 date in this example), Employee B would be due for an exam and one should be scheduled.

Post-employment Exam

An examination is offered whenever an employee leaves an enrolled position to determine the medical/physical condition of the employee prior to leaving the MSP or the MMS. The HR/Personnel office should notify the PC when an employee is leaving and a letter will be sent offering them an exam. They should sign and return the letter to either accept or decline the offer of exam. If they accept, they will work through the appropriate HR/Personnel office to schedule this exam.

Other Exams

There are other circumstances when employees enrolled in the MSP may be required to undergo exams. These are:

- When an employee in a covered position returns to duty after an absence from their job for 30 working days or more. Temporary or summer employees hired will be exempt (see paragraph above).
- A supervisor, with the concurrence of the RD/RM, or Chief, ORP may require an examination for an employee returning after less than 30 working days, if there is reason to believe that an employee cannot safely and efficiently perform the duties of their position.
- A supervisor, with the concurrence of the RD/RM, or Chief, ORP may require an examination for an employee whenever there is a direct question by the supervisor about

continued ability of an employee to meet the physical or medical requirements of the position.

Refusal to Take Medical Standards Physical

If during the scheduling process it comes to the PC's attention that an employee is refusing to take the physical exam, the PC will notify the employee's supervisor.

The supervisor, after consulting with the servicing HR/Personnel office must counsel the employee and send a follow up memorandum to the employee explaining the outcome of the counseling. If the employee still refuses to take the physical, a memorandum will be sent from the supervisor stating that failure to take and complete the examination in a timely manner will result in disciplinary action up to and including removal. The supervisor is responsible for initiating these actions. The servicing HR/Personnel offices will offer guidance on how to proceed and assist in drafting those memoranda.

If an applicant refuses to take the physical exam, the job offer can be withdrawn.

Medical Records-Management and Maintenance

As specified in 5CFR 293.506 (Ownership of the Employee Medical Folder (EMF)), "*The EMF of each employee in a position subject to civil service rules and regulations is part of the records of the Office [of Personnel Management]. When the [employee medical folder] EMF also contains occupational medical records created during employment in a position not subject to the civil service (e.g., with the Postal Service), the EMF is then part of the records of both the Office and the employing agency.*" In other words, civil service employee occupational health records **belong** to the OPM, though they are the **responsibility** of the employing federal agency and may be under the day-to-day **custodianship** or management of a health services provider under contract with that agency.

All information in the EMF, whether stored in paper, electronic, photographic, or other means, must be considered medically confidential, and must be maintained in a manner that strictly controls access to the information, and assures the safety and physical integrity of those records.

These confidential records may be found in several places, complicating the task of assuring confidentiality and security. Records may be found in medical, personnel, dispensary, safety, or other designated the Department of the Interior (DOI) program offices, or in clinics managed by DOI, other Federal Agencies, or private health care providers where occupational health services have been provided over the period of the employee's federal employment. Regarding personnel files, 5 CFR 293.503 (m) specifies that an agency must "*ensure that, if occupational medical records are to be physically located in the same office as the Official Personnel Folder (OPF), the records are maintained physically apart from each other,*" so these records cannot be commingled in the same folders or files.

The EMF is to be maintained for the period of the employee's services with DOI, and then is to be transferred to the National Personnel Records Center for storage or, if indicated, transferred to

the appropriate HR/Personnel office or designated occupational health care provider of the next employing federal agency.

When medical services are provided by non-DOI personnel in non-DOI facilities, information should be maintained in each of the employees' official personnel folders that identifies the names, addresses, and phone numbers of the health care providers where the occupational medical records are located in order to facilitate retrieving those records at a later date, should they be necessary for any further official purposes.

Confidentiality/Release of Records

This section covers the issue of releasing confidential client/patient information, including conclusions or opinions directly derived from such confidential information, to any person other than the employee covered by those records. Applicable references include the Privacy Act of 1974; 29 CFR 1910.20 (Access To Employee Exposure and Medical Records); and OPM/GOVT-10 Employee Medical File System Records.

Employees must be offered access to their medical records. This access must be prompt (generally within 15 working days) and present no unreasonable barriers for the employee. If a physician who is representing the agency or is the custodian of the occupational health record believes that direct employee access to certain sensitive information could be detrimental to the employee, the records requested by an employee are to be released to another licensed health professional who has been identified as being acceptable to the employee.

All individuals who are to receive medical examinations or other non-emergency services (for which *any* medical or summary information is to be forwarded to recipients other than the employee him/herself) will be required first to sign and date an Authorization for Disclosure of Information form (see Appendix B – Federal Occupational Health (FOH)-6 form) before any services are provided. The nature and scope of the information to be disclosed to the agency must be specifically authorized by the employee on the form before the information is released. No medical information, including summary information derived from medical records, may be disclosed to DOI management, or to others, without this signed form (or one providing similar information), unless expressly authorized by the agency's designated Employee Medical File System Manager.

If an employee chooses to exercise his/her right to not sign a disclosure form to release agency-requested medical information, all clinical services (with the exception of *emergency* services intended to preserve the individual's life, limb, or health) will be withheld, along with any associated medically-based clearances. For more information about medical records and the management and confidentiality of those records; refer to the DOI Occupational Medicine Program Handbook at: medical.smis.doi.gov/handbook.smis.doi.gov.html.

Chapter 4 – Hearing Conservation

The MMS Hearing Conservation Program (HCP) complies with guidelines concerning noise as published by U.S. Department of Labor 29 CFR 1910.95, Occupational Noise Exposure Standard. Compliance of this program includes: exposure monitoring, employee education, audiometric testing, issues of personal hearing protection devices and record keeping.

The audiometric testing is done on a yearly basis and is performed at various sites through the Region and District offices of the MMS.

Employees enrolled in the MSP undergo audiometric testing as part of their medical exams and those results are reviewed by the MRO and kept as part of their medical record. Since employees do not have the MSP medical exams every year, on the off years they are required to undergo audiometric testing as part of the HCP.

In order to provide consistency, the audiometric testing portion of the Hearing Conservation Program will be merged with the MSP. Employees will have their audiograms done at the same facilities as their medical exams and the MRO will review these audiograms using the guidelines of the MMS HCP the years that they do not have their MSP medical exams. On the years that they have medical exams, the results of those audiograms will be reviewed as part of the MSP and HCP.

The other components of the HCP (exposure monitoring, employee education, etc.) will remain unchanged. The Guidance for the HCP is being updated and when it is complete, that guidance will be included in this Handbook as a reference.

Chapter 5 – Contract Services Used for the MSP Exams and Medical Review Officer (MRO)

The MMS contracts out for services to provide comprehensive health services to support the MSP. These services include:

- Medical examinations services, diagnostic procedures, and laboratory tests.
- Services of a MRO to evaluate the medical data and provide a finding.
- Administrative support for the above services and storage of medical records.

Contracted services are negotiated yearly and vendors could change depending on availability, costs of services, as well as the MMS's satisfaction with those services.

We currently have an interagency agreement with the Department of Health and Human Services (DHHS), U.S. Public Health Services, Federal Occupational Health Program to provide the above services.

The FOH contacts are:

FOH Program Point of Contact

Carlton McDougal, MBN, RN
Account Manager
Federal Occupational Health
100 Alabama Street, Suite 3R10
Atlanta, GA 30303

Medical Review Officer

Jay Paulsen, MD, MPH
CAPT (Ret) US Public Health Service
Occupational Medical Consultant
Federal Occupational Health Service
2201 Sixth Avenue, M.S. RX-21
Seattle, WA 98121

Note: Communications with the contact individuals listed should be cleared through PC.

Medical Exam Services

The following lists the clinics used in the different Regions/Districts. Medical facilities are used for the medical exams, diagnostic procedures and laboratory tests, and eye clinics for the vision testing.

Clinics/Physicians

Eye Doctors/Clinics

Gulf of Mexico Region

Hale Boggs Federal Building
500 Poydras Street
Room 1009
New Orleans, LA 70130

St. Charles Vision
837 South Clearview Parkway
Jefferson, LA 70121

Comprehensive Care Plus
8120 Main Street, Suite 301
Houma, LA 70360

Family Vision Center
126 Corporate Drive, Suite A
Houma, LA 70360

Houma Only – Audiogram Testing Site

Houma Ear Nose and Throat Clinic
Dr. Anthony J. Herques
1011 Verret Street
Houma, LA 70360

Occupational Medicine of Acadiana, Inc.
3305 West Pinhook Road
Lafayette, LA 70506

Azar Clinic
516 Saint Landry
Lafayette, LA 70506

Business Health Partners
299 B Cities Service Highway
Sulphur, LA 70663

20/20 Vision
111 West McNeese St.
Lake Charles, LA 70605

Family Care Specialists
207A That Way
Lake Jackson, TX 77566

Dr. William Jackson
107 West Way, Suite 26
Lake Jackson, TX 77566

Pacific Region

Channel Island Urgent Care Center
2103 Pickwick Road
Camarillo, CA 93013

Miramar Eye Specialist Group
2438 Ponderosa Drive North
C110
Camarillo, CA 93010

Clinics/Physicians

Eye Doctors/Clinics

Alaska Region

Federal Occupational Health
New Federal Building
222 W 7th Avenue, #42
Room 532
Anchorage, AK 99513

Alaska Eye Care Center
1345 W. 9th Avenue
Anchorage, AK 99513

Headquarters

Federal Occupational Health
USGS
12201 Sunrise Valley Drive
Reston, VA 20192

Hour Eye Optometrists
11130 South Lakes Drive #2
Reston, VA

The following are the items that shall be included in the medical examinations performed by contract physicians:

1. General Appearance and Vital Signs (height, weight, blood pressure, heart rate)
2. General Physical Examination, with special attention to:
 - a) Overall Physical Fitness
 - b) Habitus (obesity)
 - c) Skin
 - d) Eyes, Ears (including TM mobility), Nose, Mouth, and Throat
 - e) Neck (including flexibility and rotation)
 - f) Thyroid
 - g) Respiratory System
 - h) Cardiovascular System
 - i) Back and Musculoskeletal System (including flexibility)
 - j) Extremities (including strength, range of motion, and joint stability)
 - k) Peripheral Vascular System
 - l) Abdomen
 - m) Gastrointestinal System
 - n) Genitourinary System
 - o) Central Nervous System (including cranial nerves I-XII, and cerebellar function)
 - p) Peripheral Nervous System (including reflexes, sensation, and position sense)
 - q) Mental Status Evaluation

The following are the diagnostic procedures that shall be performed by contract physicians:

1. Audiometry – audiometric tests must be conducted using an appropriately calibrated, microprocessor audiometer. Required frequencies to be tested are 500, 1000, 2000, 3000, 4000, 6000, 8000 Hertz in both ears. (all exams)
2. Vision screening —includes near, far, depth color, fields, lateral/vertical phoria, monocular, and binocular, with Titmus or Sight Screener (all exams)
3. Pulmonary Function Test – Spirometry (baseline/exit exam)
4. Chest X-Ray, PA and Lateral (baseline/exit exam)
5. Electrocardiogram (baseline/exit exam)

The following are the laboratory tests that shall be performed by contract physicians:

1. CBC (hemoglobin, hematocrit, platelets, white blood count with differential) dipstick urinalysis (baseline/exit exam only).
2. Blood chemistries: LDH, SGOT/AST, SGPT/ALT, GGT, Bilirubin (baseline/exit exam only), Total Cholesterol, LDL-C, HDL-C, Triglycerides, Blood Sugar (each exam)

Services of the MRO

The MMS medical standards are subject to clinical interpretation by an appropriate MRO who shall incorporate their knowledge of the essential job functions and the environmental conditions under which an employee may work. An assessment shall be made on a case-by-case basis to determine the individual's ability to meet the performance-related requirements. The MRO shall be a board certified or board eligible physician in occupational medicine or a related field with demonstrable experience in occupational medicine who shall provide the following services for the MMS's MSP.

1. Review medical exam forms and make a recommendation relating to the medical fitness of the MMS employee. There may be consultations with the MMS personnel about the findings. The MRO shall review the documents to assess compliance with the MMS medical standards and shall make one of the following determinations.
 - a. No Medical Finding – the available information indicates the individual meets the MMS medical standards. The MRO prepares a Qualification Statement and sends to the MMS PC, for routing and tracking. The original exam form is sent to the FOH Quality Assurance (QA) Coordinator for routing to the appropriate Occupational Health Center for filing.
 - b. Medical Finding – the individual does not meet one or more of the MMS medical standards. Under this scenario the MRO shall send originals of the Qualification Statement and associated correspondence to the MMS PC who shall route to employee and management. The original exam file shall be held by the MRO until resolution of the medical finding. Once finding is resolved, the exam forms are sent to the FOH QA Coordinator for routing to the appropriate Occupational Health Center for filing.

- c. Missing, Incomplete or Inconclusive Information – based on the medical forms and histories submitted, the MRO does not have enough information to make a finding. The MRO may need to contact the employee, the physician who performed the exam, or the MMS Program Coordinator to gather additional information or clarify information received before a medical determination can be made. Once that information is provided to the MRO a determination of either No Medical Finding or a Medical Finding will be made and the procedures in (a) or (b) above shall be followed in accordance with those findings.
2. Provide services for Medical Advisory Committee (MAC). If there is a medical finding the services of the MAC may be required. The MRO shall be one of the standing members on the MAC. In that capacity the MRO would be available for consultation by telephone, e-mail, or attendance at meetings.

Services Provided by Contract Administrative Staff

The following are services that a contractor will provide for scheduling the medical examinations; diagnostic/test procedures, and administrative functions after the examinations are performed.

1. The MMS HR/Personnel office will contact the clinics or contracted physician's office to schedule appointments for the MMS employees.
2. Clinics and/or contractor physician's offices complete exam forms and send the original forms and results from the laboratory/diagnostic tests to a contract QA coordinator.
3. The QA coordinator reviews documents for completeness and legibility and forwards the documents to the MMS PC and MRO.
4. When the exam records have been reviewed by the MRO and are closed they will be returned to the contractor for routing to the appropriate center for filing.
5. There may be instances when the MMS may require the consultation services of the contractor overseeing the contract.

Chapter 6 – Program Coordination

The Program Coordination for the MSP is an MMS Headquarters function. The Program Coordinator (PC) reports to the Chief, Safety and Enforcement Branch, ORP. The duties of that position are to oversee and administer the day-to-day operations of the MSP. Specific duties are:

Enrollment

On an annual basis, the Program Coordinator will send out a reminder to HR/Personnel offices in each region requesting an updated list of employees who should be enrolled in the MSP. Annual review of positions descriptions should be conducted by regional and headquarters management to determine if they meet the criteria to be enrolled in the MSP. Once enrollees are identified, a list of enrollees should be compiled from each region and sent to the PC.

In Subpart C 339.303 Examination procedures it states that agencies must inform applicants or employees in writing that they are enrolled in a MSP. It should state the reason for enrollment and the consequences for failing to cooperate. The PC sends out enrollment letters to each applicant or employee before they are scheduled for their exams. An example of an enrollment letter (Appendix A – Sample Enrollment Letter) can be found in the Appendices.

If an employee refuses to take an exam, the scheduler will notify the PC who will notify the employee's supervisor.

The supervisor, after consulting with the HR/Personnel office must counsel the employee and follow up the counseling meeting with a memorandum of that session which is provided to the employee. If the employee still refuses to take the physical a memorandum will be sent from the supervisor stating that failure to take the physical and complete the physical examination in a timely manner will result in disciplinary action up to and including removal. The supervisor is responsible for initiating these actions. The HR/Personnel offices will offer guidance on how to proceed and assist in drafting those memoranda.

Enrollment Forms

The forms below are sent to employees as part of their enrollment package. A copy of these forms is included in the Appendices:

1. Appendix B - Authorization for Disclosure of Information
2. Appendix C - Tuberculosis Screening Form
3. Appendix D - Audiogram History Report
4. Appendix E - Medical History and Examination Form. Please fill out all of the shaded portions.
5. Appendix F - Vision Test Form. Please bring this page to the vision clinic for your vision test.

Scheduling Exams

The PC tracks the overall scheduling of the medical exams, while the individual medical exams will be scheduled by the HR/Personnel offices in each of the regions (Gulf of Mexico (GOM), Pacific (PAC), and AK). At Headquarters, the PC will schedule the exams of any enrollees. The sequence for scheduling the exams is as follows:

1. The MMS PC will send out enrollment packages to employees enrolled in the MSP prior to scheduling exams. The package includes a letter and forms.
2. The PC will send out an e-mail to the employee, immediate supervisor, and the schedulers when the enrollment package is mailed. The employees are instructed to work with the regional schedulers and discuss their availability for these exams.
3. Once available dates are established, the scheduler should call the clinic and make the appointments.
4. Once the appointments have been agreed upon and scheduled, schedulers should e-mail the employee, the employee's supervisor, and the PC to confirm appointment times. If appointments need to be changed, employees need to work with their supervisors and the schedulers to make new appointments.
5. If an exam needs to be cancelled it should be done within 48 hours of the exam or the MMS is charged for the exam.

Tracking of Forms During Exam Process

The PC is responsible for tracking and processing the medical forms once they are released by the contractor. Figure 1 displays the Records Review Flow Chart for the tracking process.

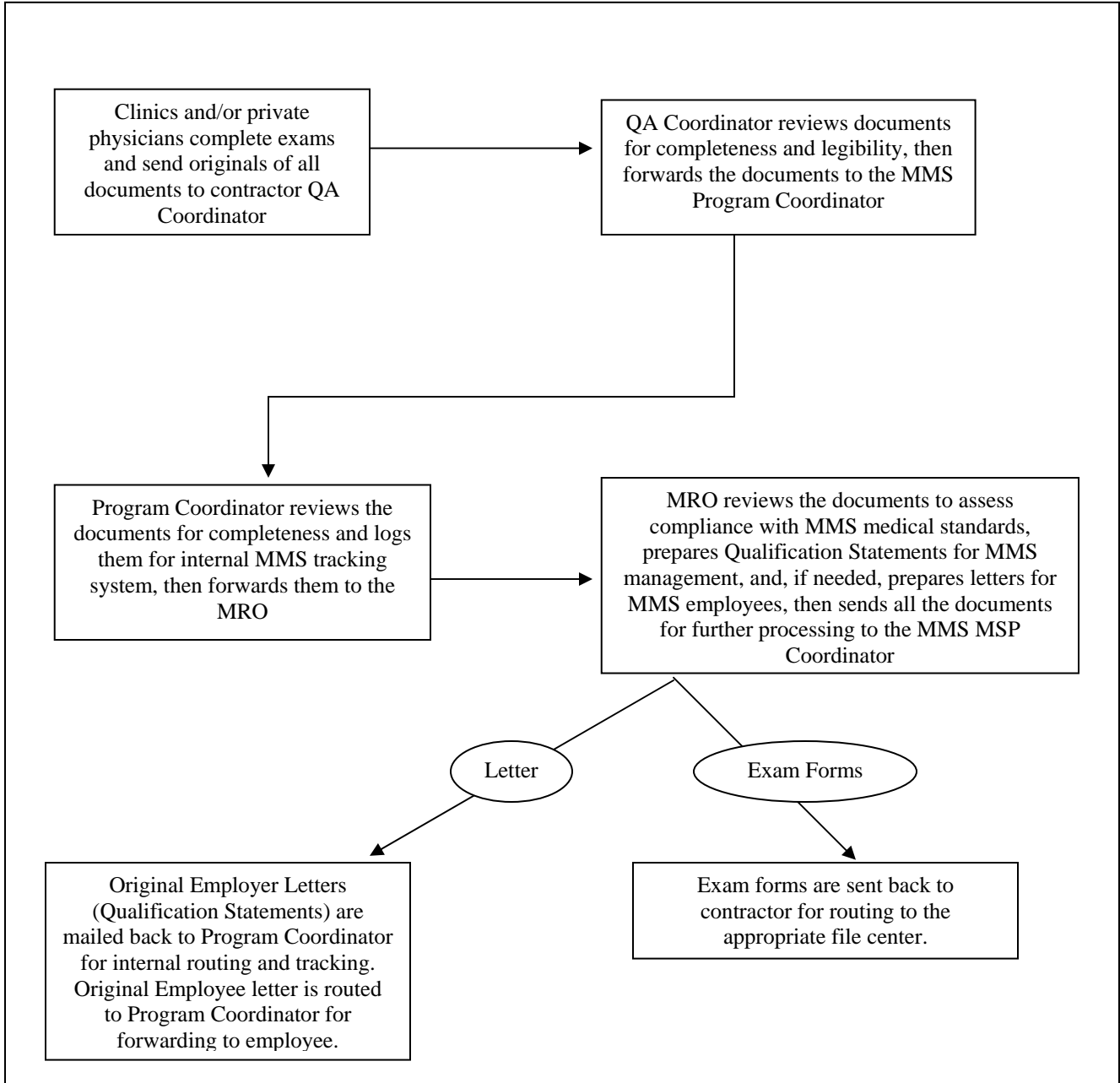


Figure 1: Records Review Flow Chart

Chapter 7 – Findings

The MMS MSP is designed to determine an individual’s medical fitness and employs a two-tiered approach, involving: (1) an examining physician, and (2) the MRO. The most important requirements of this process are: (1) the examining physician retains responsibility for conducting the employee examination, and (2) the MRO evaluates the medical data provided by the examining physician as it relates to the known physical demands of the employee’s position and makes a finding.

Listed below are different scenarios and the process associated with each scenario:

No Medical Finding – the individual meets the MMS medical standards and functional requirements of the position.

This finding means that the individual is cleared and, as long as his/her health remains unchanged in the interim, will not have to do anything else until his/her next scheduled physical.

Process:

- The MRO fills out a MRO Qualification Statement and checks the box that says “No Medical Finding.”
- The Qualification Statement is forwarded to the PC who notifies the employee or applicant of the finding (this is usually done by phone).
- The PC will send a follow-up e-mail to the employee and their supervisor advising them of the finding.
- The PC will mail the employee or applicant a copy of the Qualification Statement and the original will be placed in the employee’s official Personnel Medical File.

A Final Determination Cannot be Made Based on Available Medical Information – based on the medical information provided on the exam record, results were missing, incomplete, or inconclusive and require further information or additional testing. Final recommendations cannot be made until this has been completed. The requested information should be provided within 30 calendar days of the review date to the MRO.

Process:

- The MRO fills out a MRO Qualification Statement and checks the box that says “A Final Determination Cannot be Made Based on Available Medical Information.”
- The MRO may include a letter addressed to employee explaining the determination.
- The Qualification Statement (and letter if applicable) is forwarded to the PC who notifies the employee or applicant of the finding (this is usually done by phone).
- The PC writes a letter to employee or applicant explaining the finding and guidance for submitting information. See Appendix H for a sample letter.
- The PC will send a follow-up e-mail to the employee and their supervisor advising them of the finding (only if there is also a Medical Finding).
- For applicants, the PC will send a follow-up e-mail to the servicing HR/Personnel office and apprise them of the status.

- The PC will keep in contact with employee or applicant and work with them if there are any problems in gathering this information or meeting the 30 calendar day deadline.
- When PC receives additional information, it will be forwarded to MRO for review.

Timeframe to Complete Process

The timeframe to submit additional information to the MRO is 30 calendar days after receipt of notification by the PC. This is usually sufficient time to gather and submit that information but in some cases it could take longer. The PC and employee will work together if the deadline cannot be met and make arrangements accordingly. If an employee has seen their personal physician to gather additional information that will be conducted on official time.

Failure to Provide Additional Information in a Timely Manner

If it is determined that the additional information could have been submitted within 30 calendar days but was not, the following guidelines could apply.

1. The PC will keep in contact with employee or applicant and work with them if there are any problems in gathering this information or meeting the 30 calendar day deadline.
2. After 20 calendar days, if the PC has not heard from the employee about the status of the information requested, or does not see progress that the employee is working on getting that information, notification will go to the employee and supervisor, via e-mail explaining that additional information is requested. (Up to this point in the process the supervisor may not be aware that additional information has been requested.) This step would not be applicable for applicants.
3. If the 30 calendar day deadline goes by and employee or applicant has not provided the information or justified a reason why they could not keep that deadline, a letter will be sent to the employee or applicant.
4. It will be called an “Additional Information Request over 30 Days” (see Appendix I). It will be addressed to the employee, from the PC through the supervisor with a copy to the servicing HR/Personnel office. The memo will outline all the events and discussions that have taken place to that point. The employee will have 2 weeks to produce the material or adverse action may be initiated. When this letter is initiated, the employee will not be permitted to travel offshore until the issue is resolved. If an applicant does not produce the material then the offer of employment could be withdrawn.

Implications of MSP: If we reach the point where the initial 30 calendar days plus the additional 2 weeks have gone by and we still have not received the additional information, the MRO will provide a Qualification Statement identifying the specific medical issues and that the employee cannot be cleared because information about those issues has not been provided.

At this point the matter is turned over to the employee’s supervisor and the servicing HR/Personnel office to decide what action is taken. It would be advisable to convene the MAC for their input and recommendations based on incomplete information.

According to the DOI Personnel Handbook on Charges and Penalty Selection in Adverse and Disciplinary Actions, Part 3: Table of Penalties, the nature of the offense would fall into the area of:

Insubordination: refusal to comply with proper orders, or disregard of directives or regulations. Refusing to do assigned work; failure to do assigned work; and carelessness in performing assigned work.

The penalties range from a written reprimand to a 14-day suspension up to removal. The proposed action is the responsibility of the supervisor and would be decided by the supervisor after consulting the servicing HR/Personnel office as there are many factors to consider when making that decision.

Financial Responsibility for Gathering Additional Information

The screening exam is paid for by the MMS. When additional medical information is requested by the MRO, the employee is required to provide that information and that may have to come from their personal physician. Any expense relating to that request is incurred by the employee and in most cases should be covered by personal health insurance. If employees are unsure, they should check with their health insurance provider. If an employee is required to have retests during the screening process (vision or audiograms, etc.), those expenses will be paid for by the MMS and be done at the approved contractor clinics.

Medical Finding – The individual does not meet the MMS medical standards and functional requirements for the safe and efficient performance of the duties of the position.

Medical Findings for Employees

Should the MRO find that an employee does not meet a medical standard(s), a medical finding will be issued. The employee has 4 options available to address the finding.

1. Accept medical finding and take appropriate corrective action. Example: does not meet the vision standard – get prescription or upgrade current prescription.
2. Request a waiver of the specific medical standard(s) - A waiver is a request made by the employee asking the MMS to forgo a medical standard or standards. An employee who does not meet the medical standards but has consistently demonstrated the ability to perform his/her job in a satisfactory manner without an undue risk of harm to himself/herself or others is eligible to request a waiver of a medical standard.
3. Request provision for an accommodation - An accommodation is a request made by the employee asking the MMS to make provisions so that the employee can perform the essential functions of his/her position, despite the medical condition or disability.
4. Request a disability retirement – although this is one of the options under the MSP, if an employee chooses to apply, this is done through the HR/Personnel office. Employees should contact their servicing HR/Personnel office for further information.

Process:

- The MRO fills out a MRO Qualification Statement and checks the box that says “Medical Finding” and will provide a narrative explaining the finding.
- The Qualification Statement is forwarded to the PC who notifies the employee of the finding (this is usually done by phone).
- The PC will discuss with employee the various options available to resolve the finding.
- Once the employee is notified of the finding, they cannot fly offshore until the finding is resolved.
- The PC will send a follow-up e-mail to the employee and their supervisor advising them of the finding.
- The PC writes a letter (Appendix J – Medical Examination Results) to the employee that explains the finding, outlines the options discussed, and sends them any other information that may be provided by the MRO.

Medical Findings for Applicants or New Hires

Should the MRO find that an applicant does not meet a medical standard(s), a medical finding will be issued. The applicant will have the following options available to address the finding.

1. Accept medical finding and take appropriate corrective action. Example: does not meet the vision standard – get prescription or upgrade current prescription.
2. Request a waiver of the specific medical standard(s) - A waiver is a request made by the applicant asking the MMS to forgo a medical standard or standards.
3. Request provision for an accommodation - An accommodation is a request made by the applicant asking the MMS to make provisions so that the employee can perform the essential functions of his/her position.

Process:

- The MRO fills out a MRO Qualification Statement and checks the box that says “Medical Finding,” and will provide a narrative explaining the finding.
- The Qualification Statement is forwarded to the PC who notifies the applicant of the finding (this is usually done by phone).
- The PC will discuss with the applicant the various options available to resolve the finding.
- The PC writes a letter to applicant that explains the finding (Appendix J – Medical Examination Results), outlines the options discussed, and then sends them any other information that may be provided by the MRO.

Note: The PC will work with the servicing HR/Personnel office during process. Once applicant has cleared the MSP the rest of the hiring process may continue.

Timeframe for Completing Process

Correct the medical finding. If the finding can be corrected, the time schedule will vary depending on the nature of the correction (obtaining new eyeglasses, regulating medication, etc.). A 30 calendar day timeframe will be set as a general rule, but each employee's case will be dealt with on a case-by-case basis and the PC will monitor the progress with the employee to correct the finding in a timely manner.

Request a waiver of the medical standard. If an employee or applicant cannot correct the finding or has attempted to correct the finding and still cannot meet the standard, then they can request that the standard be waived. In the case where the employee or applicant cannot correct the finding, they have 10 working days from the time that they receive written notification to submit a waiver request to the RD/RM, or Chief, ORP. If the employee or applicant tries to correct finding and still cannot meet the standard, the timeframe for submitting a waiver request will be worked out between the PC and the employee or applicant. (See Chapter 8 - Waivers for details of this process.)

Request an accommodation of the medical standard. If an employee or applicant cannot correct the finding or has attempted to correct the finding and still cannot meet the standard, they can submit an accommodation request to make provisions so that they can perform the essential functions of their position. The normal timeframe is 10 working days from the time that they receive written notification to submit a waiver request to the RD/RM, or Chief, ORP. If the request cannot be submitted within the 10 day timeframe, the employee or applicant should work with the PC. (See Chapter 9 – Accommodations for details of this process)

Medical Findings and Employees Restrictions from Flying Offshore

When an employee is notified of a medical finding, they will not travel offshore or perform duties in a hazardous or arduous environment until the finding is resolved. They will be placed in an office duty status until a decision is made on the medical finding. If the resolution of the medical finding cannot be resolved within 30 calendar days, the continuation of office duty will be assessed on a case by case basis with the employee and appropriate supervisor(s).

When in office duty status due to a medical finding, the following employees listed below will continue to perform all the duties of their positions except those that require offshore travel.

- Regional Supervisor
- Deputy Regional Supervisor
- Section Chief
- Unit Chief
- District Manager
- Engineer

When in office duty status due to an medical finding, an inspector will be assigned tasks such as scheduling, filing, research, reviewing inspection records, attending meetings at supervisor's request, special projects, or onshore meter proving/calibration and site security inspections.

Medical Findings – Second Opinions

It is the MSP policy to allow for a case-by-case higher level review when an applicant or current employee requests a reconsideration or disagrees with the findings or recommendations as a result of a medical examination. The MSP procedures also allow for a medical “second opinion” when the MRO is uncertain about the limitations or prognosis of the individual’s condition. If there is still a disagreement about the condition or recommendation, a third physician (acceptable to both the MMS and the applicant or employee) will be consulted. These examinations will be limited to the area of disqualification only. They will be conducted on official time and travel and paid for by the MMS.

Chapter 8 – Waivers

A waiver is a request made by the employee or applicant asking the MMS to forgo a medical standard or standards. An employee or applicant who does not meet the medical standards but has consistently demonstrated the ability to perform his/her job in a satisfactory manner without an undue risk of harm to himself/herself or others is eligible to request a waiver of a medical standard.

Title 5 CFR 339.204, Medical Qualification Determinations, states “agencies must waive a medical standard or physical requirement established under this part when there is sufficient evidence that an applicant or employee, with or without reasonable accommodation, can perform the essential duties of the position without endangering the health and/or safety of the individual or others.”

Waiver determinations are made by the RD/RM, or Chief, ORP. Requests for Waivers must be submitted in writing by the employee to the RD/RM, or Chief, ORP. They must be signed off by their immediate supervisor(s). In the case of an applicant the waiver request would be submitted directly to the RD/RM, or Chief, ORP.

The RD/RM, or Chief, ORP may include the MAC in the formulation of his/her decision. Denial of a waiver request mandates inclusion of the MAC.

In the waiver request the employee must demonstrate that they can perform the essential functions of their job safely and efficiently and have been doing so in the past. They can do this by citing past performance history and their immediate supervisor should support that position and may be asked to provide written justification to the RD/RM, or Chief, ORP.

In the case of an applicant, they would have to provide relevant employment history and documentation or convincing evidence or both that they can perform the essential functions of the job safely and efficiently since they do not have a past history with the MMS to draw on. They must submit this relevant information to the RD/RM, or Chief, ORP for consideration. Management must acknowledge this past employment history and/or evidence, but does not have to accept it. If they choose not to accept it and deny the waiver, then the MAC must be convened.

Example of a waiver – an employee does not meet the far vision standard of 20/40 in each eye. They have done everything they can to correct their vision to 20/40 by getting glasses, but their vision is 20/45 in the right eye. The employee then requests that the agency waive, or in other words, forgo the standard. This is based on the fact that they have been performing the duties of the job in spite of the fact that they cannot meet the 20/40 far vision standard.

If the employee is granted a waiver, then he/she can return to work without restriction. If an applicant is granted a waiver, then the remainder of the hiring process may continue. Waivers can expire on the date of the next regularly scheduled examination or when other circumstances

are present. The RD/RM, or Chief, ORP may add stipulations or conditions when granting waivers.

If the employee or applicant is denied a waiver, the employee or applicant may obtain, at his/her option, another examination within 2 weeks of the denial. This examination will be limited to the area of disqualification, and be performed by a licensed/certified physician of his/her choice that is located within 50 miles of the employee's duty station or residence. If there is still a disagreement about the condition, a third physician (acceptable to both the MMS and the employee) will be consulted. The three examinations mentioned above will be conducted on official time and travel and paid for by the MMS.

Process:

- When a medical finding has been identified, the PC will have spoken to and sent the employee or applicant a letter that explains the finding and provide guidance on submitting a written waiver request. E-mail requests will not be accepted. (See Appendix J – Sample Medical Standards Results Letter.)
- Employee or applicant has 10 working days from the time they receive written notification to submit a waiver request to the appropriate RD/RM, or Chief, ORP. If more time is needed to submit a waiver request, employee should coordinate with PC.
- Waiver requests must go through employee's immediate supervisor and subsequent supervisors for surname before going to the RD/RM, or Chief, ORP for approval. (See Appendix K - Sample waiver request.) In the case of an applicant the waiver request would go directly to the RD/RM, or Chief, ORP.
- The PC will notify the RD/RM, or Chief, ORP that a waiver is being requested and will provide a briefing about the specifics of the waiver request.
- The RD/RM, or Chief, ORP has the following options available if they need guidance when making their decision.
 - They can consult with the MRO about the specific medical issues related to the waiver request, or
 - They can convene the Medical Advisory Committee (MAC) to provide them guidance about the waiver request. (See Chapter 10 – Medical Advisory Committee.)
 - If the RD/RM, or Chief, ORP denies a waiver request, the MAC must be convened and submit recommendations to the RD/RM, or Chief, ORP.
- When the waiver request is signed, the RD/RM, or Chief, ORP will notify and send the original to the PC and a copy to the employee.
- The RD/RM, or Chief, ORP has 30 calendar days to make a decision on a waiver request. If the MAC is convened or there are extenuating circumstances, the RD/RM, or Chief, ORP may request an extension of time to make a decision on waiver request.
- The PC will notify the employee of the decision of the RD/RM, or Chief, ORP.

Chapter 9 – Accommodations

An accommodation is a request made by the employee or applicant asking the MMS to make provisions so that the employee or applicant can perform the essential functions of his/her position.

The first determination in considering an accommodation of the employee or applicant with a medical finding is whether the medical condition is disabling.

The Rehabilitation Act of 1973, as amended, prohibits employment discrimination against people with disabilities and requires employers to provide “reasonable accommodation” to employee with disabilities.

If the employee or applicant is considered disabled, then a determination must be made as to accommodation options that will allow them to perform his/her job. If the MRO determines an individual is not disabled, there is no basis for an accommodation request, thus the bureau is under no obligation to accommodate the employee or applicant.

Options for accommodations may be:

1. Protective equipment, a corrective device, medication, alternative work methods, etc., that allows the employee to perform his/her job.
2. Alteration of the employee’s present position.
3. Placement in position where medical standards are not part of the job description.*

***Note:** There is no guarantee of relocation/placement to any employee. These options will be evaluated by the RD/RM, or Chief, ORP and MAC (if applicable). Consideration will be made in terms of medical risk management and the needs of the bureau.

Example of an accommodation: an employee has a musculoskeletal condition that prohibits him from flying in a helicopter for extended periods of time. His request for an accommodation would be that he be assigned inspection duties that would not require him to take long flights on the helicopter. This accommodation would be a schedule change done by his supervisor to ensure that he is not assigned to inspect facilities that require long helicopter flights.

If the employee is granted an accommodation, then he/she can return to work when the accommodation is in place. If an applicant is granted an accommodation, then the remainder of the hiring process may continue. Accommodations can expire on the date of the next regularly scheduled examination or when other evidence arises indicating that the condition has changed. The RD/RM, or Chief, ORP may add stipulations or conditions when granting accommodations.

Process:

- When a medical finding has been identified, the PC will have spoken to and sent the employee or applicant a letter that explains the finding and provide guidance on

submitting a written accommodation request. E-mail requests will not be accepted. (See Appendix J – Sample Medical Standards Results Letter.)

- The employee or applicant has 10 working days from the time they receive written notification to submit an accommodation request to the appropriate RD/RM, or Chief, ORP. If more time is needed to submit the request, employee or applicant should coordinate with the PC.
- Accommodation request must go through employee's immediate supervisor and subsequent supervisors for surname before going to the RD/RM, or Chief, ORP for approval. (See Appendix L – Sample Accommodation Request.) In the case of an applicant the accommodation request would go directly to the RD/RM, or Chief, ORP.
- The PC will notify the RD/RM, or Chief, ORP that an accommodation is being requested and will provide them with a briefing about the specifics of the accommodation request.
- The RD/RM, or Chief, ORP has the following options available if they need guidance when making their decision.
 - They can consult with the MRO about the specific medical issues related to the accommodation request, or
 - They can convene the MAC to provide them guidance about the accommodation request. (See Chapter 10 – Medical Advisory Committee.)
 - If the RD/RM, or Chief, ORP denies an accommodation request, the MAC must be convened and submit recommendations to the RD.
- The RD/RM, or Chief, ORP has 90 calendar days to make a decision on an accommodation request. If the MAC is convened or there are extenuating circumstances, the RD/RM or Chief, ORP may request an extension of time to make a decision on an accommodation request.
- When the accommodation request is signed, the RD/RM or Chief, ORP will notify and send the original to the PC and a copy to the employee.
- The PC will notify the employee or applicant of the decision.

Chapter 10 – Medical Advisory Committee

Department of the Interior
Minerals Management Service (MMS)
Medical Advisory Committee (MAC)

CHARTER

Purpose

To serve as a technical resource for the RD/RM, or Chief, ORP in making decisions relative to waivers or accommodations for the MMS Medical Standards Program (MSP).

Membership and Leadership

Standing members are the MMS Human Resources Officer, the MMS Aviation Safety Manager, and a Contract Medical Review Officer.

The MAC will also include a subject matter expert. Each region will appoint one Inspector and one Engineer to serve as subject matter experts. They will serve a 2-year term beginning January 1 through December 31. Regional subject matter experts will serve on the Committee when a finding from their region and job classification is being considered.

Currently, the Alaska (AK) region has only one Industrial Safety Specialist that performs inspections. Should a medical finding be issued for that position, he or she could not serve on the MAC. Therefore, the RD in AK region will have the option of appointing two engineers to serve on the MAC. At least one of the engineers appointed should understand the duties and responsibilities of an Industrial Safety Specialist position in the region.

Additionally, a union representative will be appointed by the Union when a bargaining unit employee has a medical finding that needs to be considered. Presently, the Gulf of Mexico (GOM) is the only region where a union representative would be appointed.

Any employee involved in the waiver or accommodation request process cannot serve on the MAC when his/her case is under consideration nor can a relative, family member, or any significant other employed by the MMS.

The Program Coordinator (PC) will participate in the MAC meetings and deliberations. His or her role will be to facilitate the meetings and maintain official documentation of the proceedings.

Meetings

The MAC will meet as needed on a case-by-case basis. The PC will coordinate time and locations of meetings.

Objective

- Provide a systematic high level review of all the pertinent factors involved when an enrolled employee or applicant has not met the medical standards.
- Be responsible for considering the details of the case and providing sound recommendations to management on a course of action for waivers or accommodation that is in the best interest of the organization.
- When convened, provide documented determinations on each waiver or accommodation case, which provide management with recommendations regarding an employee or applicant's medical clearance.

Minerals Management Service (MMS)
Medical Standards Program (MSP)
Medical Advisory Committee (MAC) Guide

Purpose

The MMS is committed to ensuring that a candidate for, or an incumbent of, a position is not discriminated against because of a medical condition that would not affect his or her ability to perform the duties of the position. The medical clearance process the MMS uses to arrive at a fitness determination ensures a comprehensive and objective assessment of an individual's ability to perform the full range of duties required for his or her position. The medical standards are outlined in the MSP Handbook and should be referred to regarding the criteria to be used for the waiver/accommodation procedures. For reference, those steps are depicted in the flow chart (see Figure 2) on the following page. The chart shows the point at which the MAC may become involved when an individual is found to not meet the medical standards for the MSP.

Membership on the Medical Advisory Committee

The MAC will consist of the following members:

MMS Human Resource (HR) Officer
MMS Aviation Safety Manager
Medical Review Officer
Regional Subject Matter Expert – appointed by RD/RM for 2-year terms
Union Representative – appointed by Union, Gulf of Mexico (GOM)

The Medical Review Officer (MRO), the MMS HR Officer, and the MMS Aviation Safety Manager, will be standing members of the MAC. There will be two regional subject matter experts appointed by each RD/RM. The regional subject matter experts will consist of one Inspector and one Engineer appointed to the MAC by the RD/RM. Subject matter experts will serve a 2-year term beginning January 1 and ending December 31. The regional subject matter experts will serve on the MAC when a finding from their region and job classification is being considered. (Example: The MAC is considering a medical finding of a GOM region inspector. The inspector from GOM region would serve on the MAC. A medical finding for a Pacific region engineer would have the Pacific region subject matter expert engineer on the MAC.)

Currently the Alaska (AK) region has only one Industrial Safety Specialist that performs inspections. Should a medical finding be issued for that position, he or she could not serve on the MAC. Therefore, the RD in AK region will have the option of appointing two engineers to serve on the MAC. At least one of the engineers appointed should understand the duties and responsibilities of an Industrial Safety Specialist position in the region.

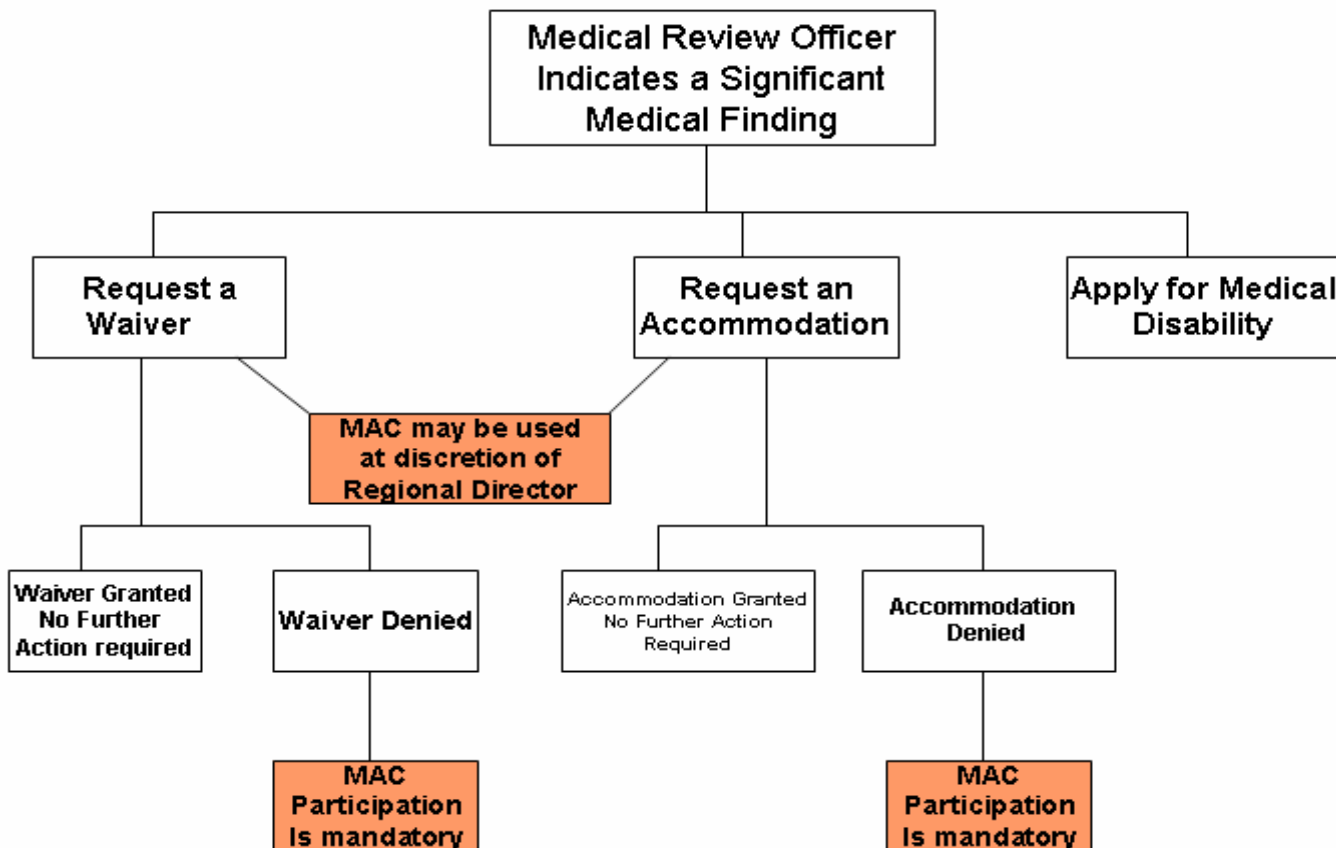


Figure 2: Flowchart for Waiver/Accommodation Process

A Union representative will be appointed and serve when a bargaining unit employee has a medical finding. Currently, the GOM is the only region where a union representative would be appointed. An official request will be sent to the Union President asking for a representative to serve on the MAC.

Overview of the Role of the MAC

The MAC provides a high-level review of the pertinent factors involved when an enrolled employee or applicant does not meet the medical standards. The MRO, based on the available medical history, the medical examination, and any supplemental information provided, determines if an employee or applicant meets the established medical standards. Should the employee or applicant not meet the standards they must officially request one of the following:

1. Accept medical finding and take appropriate corrective action or
2. Request a waiver of the specific medical standard(s) or

3. Request a provision for an accommodation that will allow the employee to perform the essential functions of his/her position, or
4. Apply for disability retirement (applicants do not have this option).

All actions taken in consideration of waivers and accommodations involve safety, mission accomplishment, personnel and program implications, and medical elements, and require a case-by-case assessment based on Federal regulations and basic personnel management principles. The MAC is responsible for considering the pertinent factors of each case and providing sound recommendations to management on the best course of action regarding the proposed waivers or accommodations. Each recommendation will be in the best interest of the organization.

MAC Procedures

Initiation of the MAC Services

When the MRO has reached a conclusion that based upon available medical information, an individual does not meet the medical standards, a medical finding will be issued. The MRO will officially notify the PC of the medical finding (the PC should already be aware of the possibility of the medical disqualification of specific individuals). The PC will notify the employee or applicant, the employee's immediate supervisor, the RD/RM, or Chief, ORP, and HR/Personnel office by telephone and e-mail that the medical finding has been issued. Official notification in the form of a qualification statement from the MRO and letter will follow to the same individuals.

The employee or applicant has 10 working days after official notification of the medical finding to request through the RD/RM, or Chief, ORP a waiver of the medical standard(s), or accommodation(s). The decision to grant or deny a waiver or accommodation is made by the appropriate RD/RM, or Chief, ORP.

The RD/RM, or Chief, ORP can use the MAC to review the facts and make recommendations in any request for a waiver or accommodation. When a denial of a waiver or accommodation request is being considered, solicitation of recommendations from the MAC is mandatory.

The PC will coordinate any review involving the MAC. Each member of the MAC will sign a medical confidentiality form (see Attachment A) before participating in any case review.

MAC Confidentiality Commitment

Due to the confidential information that may be involved in a case review process, all participating MAC members will be required to sign a Medical Confidentiality Form prior to performing any case-specific MAC duties (see Attachment A). This form acknowledges the provisions of the Privacy Act of 1974 (5 USC Sec. 553a), and calls for a commitment by each MAC member to protect the privacy of every employee whose case is under review. This is done by: (1) using only the information that is necessary for the review process; (2) protecting all confidential information from inappropriate disclosure; and (3) ensuring that all confidential information provided to the committee for review remains physically secure.

Employee's Authorization for Disclosure

Employees whose case will be reviewed by the MAC will have already signed a form to allow the release of their occupational medical records to the PC and MAC members in support of their request.

An employee requesting a waiver or accommodation cannot serve on the MAC when his/her case is under consideration nor can a relative, family member, or any significant other employed by the MMS.

The Review Process

In consultation with the MRO, the PC will provide the necessary portions of the available medical documentation for distribution to MAC members. Documentation used for the review must be limited to those portions of the records that are pertinent to the specific medical reasons for the medical finding. No other records are to be copied or distributed to or by MAC members. Upon receipt of the MAC member's signed confidentiality forms, the PC will provide documents to the MAC for review, along with any other necessary information that is pertinent to the case. The documents will be hand delivered or sent using the current contract overnight delivery services (e.g., FedEx). Information must not be e-mailed.

The PC will coordinate the logistics of a meeting with the participants. The focus of the meeting will be to address the specific medical reasons for the employee not meeting the medical standard(s).

The MAC is responsible for considering the details of the case and providing sound recommendations to management on a course of action for waivers or accommodations that is in the best interest of the organization. **The MAC will issue a recommendation within 15 working days of receiving a request.**

Completion of the Review Process

To complete the review process carried out by the MAC, the PC will complete the Case Review Checklist (see Attachment B), with input from the MAC members. This checklist serves to document the steps taken, and the basis for the decisions made.

Attachment A

MAC Confidentiality Form

CONFIDENTIALITY AGREEMENT FOR WORK WITH MEDICAL RECORDS

Working with the Department of the Interior, Minerals Management Service (MMS), Medical Standards Program, Medical Advisory Committee (MAC) involves access to confidential medical information regarding Federal employees. This information, and the MAC's use of it, is governed by the Privacy Act of 1974 and OPM/GOVT-10 (the System of Records Notice for federal medical records). The information may be in either written, computerized formats, or verbal; and persons working with the MMS and the MAC may receive or become aware of confidential information through several mechanisms, including written, verbal, or computer-based sources. The information, and all records and their contents, must be maintained in a secure and confidential manner at all times, and must be used only for the necessary and legitimate purposes for which the information was gathered and provided to the MAC for its review. Employee-identifiable information may not be released in any manner outside the immediate purposes of the MAC.

By signing this form, I acknowledge my understanding of the above Confidentiality Agreement, and agree to adhere to this Agreement, the Privacy Act, and OPM-GOVT-10 provisions for the use and release of confidential information.

(A copy of this form is to be maintained in the custody of the MMS Medical Standards Program Coordinator, or designee).

Print Name

SignatureDate

Witness (Federal Employee)

Attachment B

Medical Advisory Committee Case Review Checklist

EMPLOYEE/APPLICANT NAME _____

POSITION _____

AGENCY _____

NAME OF PERSON COMPLETING FORM _____

*Continue responses on additional paper if necessary.

ESSENTIAL FUNCTIONS OF THE POSITION

1. Identify the essential functions of the employee's current permanent position. (check the following that apply to current job function)

Time/Work Volume

- ____ normal day of 8-10 hours
- ____ up to 16-hour shifts (2-3 times per year)
- ____ up to 12 days in a row at work
- ____ up to 2 weeks in a row on board the platforms
- ____ inspection trips conducted up to 150 days per year
- ____ may be expected to take inspection trips every day
- ____ over 95 percent of trips are out and back in 1 day
- ____ over 95 percent of trips are out **for more** than 1 day (AK Region)
- ____ work normally conducted during daylight hours (flight dependent; no flying at night)
- ____ work normally conducted during normal daylight hours (**flying at night is routine**) (AK Region)
- ____ 1 day or less per year unable to return home after inspection, due to weather or equipment problems potential for emergency problems resulting in spending one or more days on the platform
- ____ 1 day or **more** per year unable to return home after inspection, due to weather or equipment problems potential for emergency problems resulting in spending one or more days on the platform (AK Region)
- ____ inspector sets own work pace

Physical Requirements

- _____put on and wear safety gear (e.g., hard hat, steel toed shoes, hearing protection, flight helmet)
- _____lift and carry briefcase, laptop computer, and dufflebag (about #25)
- _____lift and carry briefcase, laptop computer, and [arctic/survival gear \(about #75\) \(AK Region\)](#)
- _____lift and carry ice chests with drilling mud (about #20)
- _____drive to take off point, or to other onshore inspection locations sites, 30 minutes to 4 hours
- _____climb into and out of helicopters with small- (e.g., 2-person) to medium- (e.g., 6-person) sized cabins
- _____climb into and out of helicopters with small- (e.g., 2-person) to [large- \(e.g., 20-person\) sized cabins \(AK Region\)](#)
- _____fly in helicopters, including over water and for up to 1-2 hours at a time
- _____fly in helicopters, including over water and for up to [4-6 hours at a time \(AK Region\)](#)
- _____watch for oil slicks on the water, from the air and platforms
- _____read and manipulate small avionics devices
- _____hear flight intercom for communications
- _____manipulate aircraft doors, shoulder harnesses
- _____speak clearly (be understood by public and co-workers)
- _____work in confined, tight spaces
- _____land on helipads, sometimes with hard landings
- _____walk on open-grated walkways, sometimes without railings, and at great heights
- _____look in all directions
- _____climb and descend stairs and ladders (sometimes several flights, and often open-grated and over water)
- _____see and step over obstacles and raised doorways
- _____kneel, stoop, bend over, and push and pull objects
- _____listen for and respond to alarm signals
- _____hold clip board, write with pen or pencil
- _____read documents and maps
- _____use computer keyboard and laptop
- _____read gauges
- _____see and correctly interpret colored warning lights (red, yellow, and green)
- _____swing holding onto a rope
- _____climb into small, unsteady boats
- _____climb into or onto personnel baskets and be suspended 100 feet or more above the water
- _____untie small and large ropes
- _____be continuously and clearly aware of surroundings
- _____climb into emergency devices, escape pods
- _____don, wear, and use Self Contained Breathing Apparatus
- _____work independently and on small teams
- _____enter and exit emergency equipment and helicopters quickly
- _____be able to be dunked and upended quickly in water, and then become reoriented in space

Physical Exposures

- _____high voltages
- _____extreme heat and cold
- _____extreme noise (>107dB)
- _____sea life (marine and avian biota)
- _____gases, particulates, fumes, including hydrogen sulfide gas

- _____ sleep disruption
- _____ falling objects, including bird droppings
- _____ combustibles, corrosives, solvents, and other chemicals, including hydrofluoric acid and other acids
- _____ bright sun, high UV light
- _____ welding fumes and light
- _____ open flame
- _____ dehydration

2. Attach position description for this employee _____

MEDICAL AND PHYSICAL QUALIFICATIONS

1. Medical evaluation by Physician/Specialist obtained and reviewed?

Yes _____ No _____ Verified (Name/Date) _____
(Agency Official)

If Yes:

A) Identify medical specialty of Reviewing Physician and/or Examining Physician.

B) Attach the medical standards or specific medical requirements established for the position.

C) Identify the specific medical condition(s) resulting in the SMF.

D) List any medication requirement(s) (prescription and non-prescription - type and dosage) that would, or does, affect performance, behavior, or safety concerns that are directly related to the position.

E) List any known (1) drug side effects, (2) drug reactions, (3) drug-drug interactions, (4) medical complications associated with long-term drug use, or (5) any problems with patient compliance, that may impact on safe and efficient job performance.

F) List any additional medical concerns.

SAFETY EVALUATION

1. Identify any hazardous occupational/environmental/industrial condition(s) directly related to the position.

Occupational/Industrial/Environment

- airports and helicopter take-off points
- offshore/ocean locations
- slick metal and wooden surfaces
- uneven surfaces
- open gratings, over water
- exposed heights (up to 200 feet on structures)
- altitudes (up to 3,000 feet in helicopters)
- confined work areas
- close living/working quarters
- heat, cold, wet, dry (all with extremes)
- high wind
- high waves
- fog
- wildlife (e.g., birds, sea lions)
- major industrial environment (e.g., drilling, production, and pumping equipment)
- moving materials and heavy equipment
- high ladders, steep stairs, swing ropes, man-baskets
- high pressure devices
- gases, at high pressures and temperatures
- isolated, remote sites
- long distances from support or medical help
- emergency evacuation craft (confined spaces)
- confined aircraft cabins
- uncooperative or potentially hostile contact with company personnel and the public
- variable light conditions
- no sunrise for up to 2 months (AK Region)
- no sunset for up to 2 months (AK Region)

2. List any required protective equipment (e.g., respirator use) to ensure compatibility with listed medical conditions and/or limitations. This information is necessary to determine impact on safe and efficient job performance.

- safety glasses
- steel toe shoes
- ear plugs
- hard hat
- personal flotation device or work vest
- respirators (if working in H₂S conditions)
- arctic gear and reflective vests (AK Region)

3. List any additional safety concerns.

REASONABLE ACCOMMODATIONS

1. What are the employee's suggestions for possible accommodation(s)?

Date of receipt of accommodation(s) _____

2. Can the individual demonstrate the ability to perform the essential functions of the job?

Yes _____ No _____

If No, list which of the essential functions identified in No. 1 above that the employee cannot perform due to restrictions. Be specific and explain the connection between the restriction and the essential function.

3. Has the individual's limitations affected his/her ability to perform the job duties in the past?

Yes _____ No _____

If Yes, explain in what ways:

4. Input of immediate supervisor sought for possible accommodations.

Yes _____ No _____

Name/Date _____

5. List the proposed accommodations(s).

6. Are proposed accommodation(s) properly evaluated by management and medical professionals, where applicable? A "No" response is required for items A through C if the accommodations are to be implemented.

A) Will the proposed accommodation(s) have an adverse impact on the operation and safety of the other employees?

Yes _____ No _____

If Yes, explain.

B) Will the proposed accommodation(s) adversely affect performance and/or eliminate an essential function?

Yes _____ No _____

If Yes, explain.

C) Will the proposed accommodation(s) violate the collective bargaining agreements, where applicable?

Yes _____ No _____

If Yes, explain.

7. Can the employee perform the (current or proposed) job's essential functions with reasonable accommodation(s)?

Yes _____ No _____

The position is _____ with the accommodation(s) as follows:

8. The employee cannot perform essential functions of the position. **CHECK ONE:**

_____ Another position or assignment cannot be located for him/her.

_____ A position/assignment of _____ has been found.

The duties of that position which can be performed by the employee within his/her limitations are as follows:

WAIVERS

1. What are the criteria for the employee's request for a waiver?

Date of receipt of waiver request _____

2. Can the individual demonstrate the ability to perform the essential functions of the job?

Yes _____ No _____

If No, list which of the essential functions identified in No. 1 above that the employee cannot perform due to restrictions. Be specific and explain the connection between the restriction and the essential function.

3. Has the individual's limitations affected his/her ability to perform the job duties in the past?

Yes _____ No _____

If Yes, explain in what ways:

4. Input of immediate line supervisor sought for possible waiver.

Yes _____ No _____

Name/Date _____

5. List the proposed waiver.

6. Is the proposed waiver properly evaluated by management and medical professional where applicable. A "No" response is required for items A through C if the waiver is to be implemented.

A) Will the proposed waiver have an adverse impact on the operation and safety of the other employees?

Yes _____ No _____

If Yes, explain.

B) Will the proposed waiver adversely affect performance and/or eliminate an essential function?

Yes _____ No _____

If Yes, explain.

C) Will the proposed waiver violate the collective bargaining agreements, where applicable?

Yes _____ No _____

If Yes, explain.

7. Can the employee perform the (current or proposed) job's essential functions with the waiver?

Yes _____ No _____

The position is _____ with the waiver as follows:

8. The employee cannot perform essential functions of the position. **CHECK ONE:**

_____ Another position or assignment cannot be located for him/her

_____ A position/assignment of _____ has been found.

The duties of that position which can be performed by the employee within his/her limitations are as follows:

REASSIGNMENT

1. Temporary reassignment to another position.

Yes _____ No _____

2. Is the temporary reassignment considered to be light duty?

Yes _____ No _____

3. Is the light duty assignment based on a temporary medical restriction?

Yes _____ No _____

4. Is the medical restriction based on a temporary medical/physical impairment that would, at most, require light duty work for a period of time?

Yes _____ No _____

Note: An agency is not obligated to retain an employee in a light duty position indefinitely. Additionally, prior assignment to light duty does not establish a continuing entitlement to light duty even when a handicapping condition is permanent. Furthermore, an agency need not accommodate a handicapped employee by permanently assigning him to light duty tasks when those tasks do not comprise a complete and separate position.

RECOMMENDATION:

WAIVER GRANTED _____ DENIED _____

ACCOMMODATION GRANTED _____ DENIED _____

Step 1 _____
Medical Review Officer/Date

Step 2 _____
MMS Aviation Safety Manager /Date

Step 3 _____
Agency Human Resources Officer/Date

Step 4 _____
Subject Matter Expert/Date

Step 5 _____
Subject Matter Expert/Date

Step 6 _____
Regional Director or Regional Manager/Date

Concur _____ Do Not Concur _____
If Director does not concur, please explain/document

Step 7 _____
Date Sent to Program Coordinator for Employee Notification

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Appendix A – Sample Enrollment Letter

Memorandum

To:

From: Joanne McCammon
Medical Standards Program Coordinator

Subject: Medical Standards Program Exams

Your position has been identified to be enrolled in MMS Medical Standards Program. In accordance with 5 CFR 339.301 and 303 this letter serves as official notification for you to complete the medical examination process. Once scheduled, the entire exam process must be completed in a timely manner. Failure to do so will result in the initiation of a disciplinary and/or adverse action.

The medical exam will consist of a number of parts – each requiring an office visit. They are: a visit for the laboratory/diagnostic work at (*insert location*); a visit for a chest x-ray at (*insert location*); a visit for vision testing at (*insert location*); and the final visit will be back at the clinic for your exam with the physician. The addresses for these visits are:

Clinic(s) Name and Addresses Here

(*Insert name of HR/Personnel contact here*) will be your point of contact for scheduling the appointments. When you receive this package please call (*contact name*), he/she will work with you to schedule the appointments.

The first appointment will be for the laboratory/diagnostic work. Attached is a list of exam components that will be conducted at your first visit.

The vision testing appointment can be made for the same day as your lab work to minimize the number of days you spend going to appointments. You will have a separate vision test form and you will bring that form to the vision clinic. **If you wear eyeglasses, please bring them. You will be tested with your glasses on and without your glasses.**

At the next appointment you will have your TB test read, meet with the physician to discuss your medical history, review the laboratory/diagnostic work, and have the physical exam. When the exam is completed, a copy of the Medical History and Exam form will be offered to you. The original exam forms and lab reports will be routed through the proper channels to the Medical Review Officer who will issue a Qualification Statement.

All examinations and laboratory/diagnostic work will be conducted at the expense of MMS, and you will not be charged leave to attend these examinations. You are entitled to reimbursement for mileage and parking expenses in connection with your travel to and from these appointments. If expenses are incurred, fill out a SF-1164 (claim for local travel) and submit it through the normal channels for repayment. Use the following account number (*insert account number.*)

Laboratory/diagnostic visit. **You should arrive for your examination in a fasting condition. For 12 hours prior to having your blood drawn you should not have food or drink (except for water, you should drink water.) If you are on prescribed medications you should continue to take those.**

Audiogram (part of laboratory/diagnostic visit). You will have a hearing test and should try to avoid exposure to loud noise for 12 hours prior to the test. If some noise exposure is unavoidable be sure to wear hearing protection.

When you are examined by the physician contracted to perform these exams, he/she may see a medical condition or a test result that they feel needs to be addressed further. The examining physician may talk to you and could recommend that you go to a specialist or see your personal physician for further testing. It is up to you to decide whether you will pursue the recommendations of the examining physician. At this point, the MMS MRO has not seen or reviewed the exam forms and has not made a recommendation based on the MMS Medical Standards. If you choose to follow up on the recommendations of the examining physician, you do so at your own expense (you should check with your insurance provider to see if those costs would be covered.) However, we would encourage you to share a copy of the exam form with your personal physician for ongoing care as a matter of course.

Since you will be receiving your physical exams through the MSP, we will offer you additional components that were part of those periodic physicals so you only go through one physical exam. These components **WILL NOT** be included in the evaluation process for the Medical Standards Program. Attachment 2 lists these components. Please tell the clinic at the time of your first visit which additional components you want to receive.

Cancellation of an appointment must be done 48 hours prior to the appointment or the MMS is charged. This should only happen if there is an emergency. Please notify (**contact name**) and he/she will cancel and reschedule the appointments. Employees are not to contact the doctors/facilities directly.

Enclosed are the forms that need to be completed and brought with you to the exam appointments:

1. Authorization for Disclosure of Information
2. Tuberculosis Screening Form
3. Audiogram History Report
4. Medical History and Examination Form. Please fill out all of the shaded portions.
5. Vision Test Form. Please bring this page to the vision clinic for your vision test.

If you have questions about the forms or exam process, call me at 703-787-1292.

Attachments
Laboratory Exam Components for MSP
Additional Exam Components Offered
Forms 1-5

Attachment 1

Laboratory Exam Components for MSP

Vision Screening

- Full vision screening (includes near, far, depth, color, fields, lateral/vertical phoria, monocular, and binocular)
- Titmus or Sightscreener.
- Uncorrected (without glasses)
- Corrected (with glasses if applicable),
 - Peripheral

Audiometry Test

Electrocardiogram – (Baseline exam only)

Spirometry – Pulmonary function (tests lung capacity) (Baseline exam only)

TB Skin Test – tests for tuberculosis

Blood Test

- CBC – Complete Blood Count
 - White and Red Blood Cell Count
 - Hemoglobin
 - Hematocrit
 - Platelet Count
 - Neutrophils, Eosinophils, Basophils, Lymphocytes, Monocytes
- Blood Chemistry
 - Total Cholesterol
 - LDL-C,
 - HDL-C,
 - Triglycerides
 - Cholesterol/HDL-C Ratio
 - Blood Sugar
 - Bilirubin
 - Comprehensive Metabolic Panel – this includes basic liver function tests (i.e., LDH, SGOT/AST, SGPT/ALT, GGT)

Urinalysis

Attachment 2

Optional Exam Components

Below is a list of the optional exam components that will be offered to you when you have your physical exam for the Medical Standards Program. These components WILL NOT be included in the evaluation process for the MSP.

For Men over 40

1. Cancer Screening/Prostate w/PSA (Prostate Antigen Analysis)
 - a. Blood test – will be done as part of blood work up
 - b. Rectal examination – will be performed by physician
2. Colorectal Cancer Screening – this is a stool test.
3. Tonometry test – a test for glaucoma using a puff tonometer. This will be given at time of eye exam

For Women over 18

1. Cancer Screening – pap smear and breast exam (if this option is chosen woman may need to visit another Doctor chosen by FOH for this service).

For Women over 40

1. Breast Cancer Screening – mammogram (if this options is chosen, woman will have to go to a radiology facility chosen by FOH for this test)
2. Tonometry test – a test for glaucoma using a puff tonometer. It will be given with your eye exam.
3. Colorectal Cancer Screening – this is a stool test.

Appendix B – Authorization for Disclosure of Information

**US PUBLIC HEALTH SERVICE
Federal Occupational Health**

AUTHORIZATION FOR DISCLOSURE OF INFORMATION

(Pursuant To The Privacy Act of 1974, 5 U.S.C. 552a, 29 CFR 1910.1020, and 42 CFR Part 2)

(The release of information about a patient who is treated or referred for treatment for alcohol or drug abuse, or the medical results of such abuse, is governed by the Confidentiality of Alcohol and Drug Abuse Patient Record Regulations, 42 CFR Part 2).

TO: **Federal Occupational Health** **Other**

Federal Occupational Health/U.S. Public Health Service

(name)

(address)

(use health center stamp)

You are hereby authorized to furnish information **from** the record of the individual named below which is in the record system of your facility, and release it **to:** (print or type - name, title and address)

Ms. Joanne McCammon
U.S. Dept. of the Interior / Minerals Management Service
381 Elden Street
Herndon, Virginia 20170

1. Name of client or subject individual (print or type)



2. Agency

Minerals Management Service

3. Purpose or need for the disclosure (please check)

- COMPENSATION CLAIM(S)
- OTHER HEALTH CARE PROVIDER
- ATTORNEY
- OTHER Medical Monitoring Exams**

4. Specify extent and nature of information to be disclosed for each purpose or need indicated, and SPECIFY inclusive **dates:** from _____ to _____

Copies of all the occupational health-related findings from the medical monitoring exam, including copies of all the associated testing and exam results, clearances, recommendations, and suggested follow-up. Should the MMS Medical Advisory Committee (MAC) become involved, they will have access to portions of the medical records consistent with the policies and protocol of the MAC.



This authorization is subject to revocation at any time except to the extent that DFOH or the other program specified which is to make the disclosure has already taken action in reliance on it. If this authorization has not been revoked otherwise, or has not expired in accordance with the terms of the duration statement provided above, it will expire upon the termination of the interagency agreement that authorized the services provided by Federal Occupational Health for the subject individual's federal employer.

Any person who knowingly and willfully requests or obtains any record concerning an individual from a Federal agency under false pretenses shall be guilty of a misdemeanor and fined not more than \$ 5,000 (5 U.S.C 552a(i)(3)); in the case of alcohol and drug abuse patient records, a falsified authorization for disclosure is prohibited under 42 CFR 2.31 and is punishable by a fine of not more than \$500 for a first offense or a fine of not more than \$5,000 for a subsequent offense, in accordance with 42 CFR 2.4.

5. Print Name of Client/Subject Individual:



6. If other than subject, indicate relationship or authority

7. Date of signature



8. Signature of Client/Subject Individual



9. Signature of Parent or Guardian, if minor*:

Appendix C – Tuberculosis Screening

Federal Occupational Health Tuberculosis Screening

Name: _____ SSN# _____ Male
 Female
 Agency: _____ Location/City: _____ Job Title _____ Date: _____
 Work Phone: _____ Birthdate: _____

Please circle the appropriate answer below for each question. This information is strictly confidential and will only be used to determine the proper test and reading procedures.

FOR FOH USE ONLY

- | | | | | |
|--|--------|-------------|---|--|
| 1. Have you ever had positive TB skin test? | YES NO | _____ | → | If "YES", DO NOT TEST
If symptoms of TB (see Q#4.)
refer to PMD for evaluation |
| 2. Are you currently taking steroids (<i>other than inhalers</i>), chemotherapy, cancer treating drugs, or have you tested HIV+)? | YES NO | _____ | → | If "YES", DO NOT TEST
Refer to PMD for evaluation |
| 3. Do you have a current viral infection (<i>e.g., flu, measles, etc.</i>) or have you received a live virus vaccination in the last 6 weeks (<i>e.g., yellow fever, oral polio, MMR - measles, mumps, rubella</i>)? | YES NO | _____ | → | If "YES", DEFER TESTING
Save form and plan to test client
after well for 6 weeks. |
| 4. Do you currently have symptoms of tuberculosis?
a. Coughing up blood for 2-3 weeks OR
b. Do you have two or more of the following?
Chronic cough Soaking night sweats
Chronic fatigue Weight loss
Fever (>100) | YES NO | _____ | → | TEST
If "YES", Refer to PMD for
evaluation;
Consult FOH POC regarding
employee return to work. |
| 5. Do you or have you had any of the following:
Blood transfusion before 1985?
Multiple sex partners?
Same sex partners (<i>i.e., male/male</i>)?
Contaminated needle stick?
Use injectable drugs? | YES NO | _____ | → | TEST
If "YES", read test
positive @ 5mm.. |
| 6. Have you had household or similar close contact with someone who is known to have active TB in the last 3 months? | YES NO | _____ | → | TEST
If "YES", read test
positive @ 10mm.. |
| 7. Were you born in Asia, Africa, Latin America, or the Caribbean? | YES NO | _____ | → | TEST
If "YES", read test
positive @ 10mm.. |
| 8. Do you have any of the following?
Diabetes Cancer
Silicosis Gastrectomy
Underweight Kidney failure | YES NO | _____ | → | TEST
Read test positive @ 15mm.. |
| | | If all "NO" | → | TEST
Read test positive @ 15mm.. |

RESULTS: FOR FOH USE ONLY	Initial PPD Results	2nd PPD Results	FOH Health Center (stamp)
Check ONE: <input type="radio"/> Client declined <input type="radio"/> PPD NOT indicated (Pos. Hx.) <input type="radio"/> Baseline FOH PPD <input type="radio"/> Periodic FOH PPD <input type="radio"/> PPD Post-exposure OR baseline for > age 55 (requires 2 PPDs) Check if applicable: <input type="radio"/> Client referred <input type="radio"/> Client did not return for reading	Date applied: _____ L/R Applied by _____ <input type="radio"/> FOH <input type="radio"/> other provider Manufacturer: _____ Lot# _____ Exp. _____ Date read: _____ Read by: _____ _____ mm. induration <input type="radio"/> Positive (<i>referred</i>) <input type="radio"/> Negative	<input type="radio"/> Post-exposure <input type="radio"/> age > 55 Date applied: _____ L/R Applied by _____ <input type="radio"/> FOH <input type="radio"/> other provider Manufacturer: _____ Lot# _____ Exp. _____ Date read: _____ Read by: _____ _____ mm. induration <input type="radio"/> Positive (<i>referred</i>) <input type="radio"/> Negative	

This form is presented as a guide and should not replace professional clinical judgment. For additional information please refer to "FOH Tuberculosis Orientation: A Self Study Guide"

Appendix D – Audiogram History/Report

U.S. PUBLIC HEALTH SERVICE / FEDERAL OCCUPATIONAL HEALTH

Audiogram History / Report

Tape Tracing Here

Baseline

Annual

Retest

A. Identification:

Last name _____ First name _____ MI _____ Social Security # _____

Date of birth ____/____/____ Sex M F Length of time on job _____
 mo. date yr. circle one months yrs.

Job title _____ Job location _____

B. Noise Exposure: (check all that apply) Steady Intermittent Impulse

Source of Noise _____ Estimated hours per day exposed _____

Time since most recent noise exposure: Hours _____ Days _____

Duration of most recent noise exposure: Hours _____ Days _____

Other Noise Exposure: (check all that apply)

Prior military service Loud music
 Firearms Motor cycles
 Power tools Heavy machinery

C. Protective Equipment Used: Ear plugs Ear muffs Canal Caps Other Type _____

How often do you wear this equipment: Always Sometimes Rarely Never

D. Medical History: (check all that apply)

History of hearing loss History of ringing in ears
 Family history of hearing loss History of recurrent impacted ear wax
 History of recurrent ear infections History of wearing hearing aid R L
 History of head injury Current cold, flu or allergy symptoms

Comments: _____

TO BE COMPLETED BY PHYSICIAN OR NURSE/TECHNICIAN

E. Physical examination of ear: Left _____
 Right _____

F. Education: (the following was discussed with the employee)

Causes of hearing loss Types of ear protectors
 How to protect hearing Importance of hearing program

G. Assessment: (check one)

Normal audiogram
 Abnormal audiogram with no change from baseline (R / L)
 Standard threshold shift or other significant change (R / L)

H. Recommendations: (check all that apply)

Continue annual testing Repeat manual audiogram Refer to Audiologist/ENT

Nurse/ Technician _____
 (print name) (signature) (title) (date)

Physician _____
 (print name) (signature) (date)

Remarks: _____

Health Center Stamp Here

AUDIOMETER CALIBRATION (Re:29CFR 1910.95, Occupational Noise Standard)

Daily Biological /Functional Check [1910.95(h)(5)(l)]: Completed Yes No

Calibration Dates: Acoustic: [1910.95(h)(5)(ii)] _____

Exhaustive: [1910.95(h)(5)(iii)] _____

FOH-17 Rev 4/99

Appendix E – MMS Medical History and Examination Form

Printed Name _____

Date Form Sent _____

**DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE
MEDICAL HISTORY AND EXAMINATION FORM**

WHEN COMPLETED, THIS DOCUMENT CONTAINS CONFIDENTIAL MEDICAL INFORMATION AND IS SUBJECT TO THE PROVISION OF THE PRIVACY ACT (5 USC 552a)

Person to Receive the Examination: Please see the Privacy Act Notice on the next page of this form. Prior to your appointment, please complete **ALL** of the **SHADED PORTIONS** of the following pages of this form, and take the entire packet directly to the **EXAMINING PHYSICIAN OR CLINIC** at the address noted below on the day of your scheduled examination. All “Yes” answers in the medical history sections of the form should be explained and may require further information from your personal physician. Information from 5 CFR 339.104 on the next page provides guidance when additional information is necessary from your personal physician(s). Incomplete forms, or those missing information, may result in a delay in clearing you for your job.

Note #1: When your appointment is scheduled for your lab work, you should arrive for your examination in a fasting condition. For 12 hours prior to having your blood drawn you should not have food or beverage (except for water, you should drink water.) If you are on prescribed medications you should continue to take those.

Note #2: If you are a new-hire, and a compensated disabled veteran, you must attach the following documents to this form at the time of the examination if you wish to have your disabled veteran status considered: copies of a) Rating Sheet; b) Medical Exam for Disability Evaluation (VA-21-2545) or Rating Decision (VA-21-6796b) or detailed documentation on the diagnosis, treatment, and evaluation of your compensated disability; and c) specialist reports, if any.

Examining Physician: Please review the functional requirements and work conditions for offshore workers on page 2, perform a history review and physical exam, and complete all of the double-lined portions of the following form. Note: Please provide full explanations or clarifying information for all findings that are not completely normal, and assure that the Contract Medical Review Officer is provided all available information to carry out the MMS occupational health review function. When complete, please give a copy of this form to the person being examined and send original signed exam form to the FOH QA Coordinator below.

EXAMINING PHYSICIAN/CLINIC

QA COORDINATOR

MMS POINT OF CONTACT

**Joanne McCammon
Minerals Management Service
381 Elden Street, MS-4023
Herndon, VA 20170**

PRIVACY ACT INFORMATION

The information obtained in the completion of this form is used to help determine whether an individual being considered for arduous or hazardous duties can carry out those duties in a manner that will not unduly risk aggravation, acceleration, exaggeration, or permanently worsening a pre-existing medical condition. The collection and use of this information is consistent with the provisions of 5 USC 552a (the Privacy Act of 1974), 5 USC 3301, and Executive Orders 12107 and 12564 (Drug Free Federal Workplace).

The information will be placed in your official Employee Medical File, and is to be used only for official purposes as explained and published annually in the Federal Register under OPM/GOVT-10, the OPM system of records notice. Your submission of this information is **voluntary**. If you do not wish to provide the information, you are not required to do so. However, your assignment to perform duties that are considered arduous or hazardous depends on the availability of complete and current occupational health records. Failure to complete this form according to instructions, or to have the indicated medical examination, may result in a delay in processing or inability to assign you to certain job functions.

5 CFR 339.104

Sec. 339.104 Definitions.

For purposes of this part--

.....
Medical documentation or documentation of a medical condition means a statement from a licensed physician or other appropriate practitioner which provides information the agency considers necessary to enable it to make a employment decision. To be acceptable, the diagnosis or clinical impression must be justified according to established diagnostic criteria and the conclusions and recommendations must not be inconsistent with generally accepted professional standards. The determination that the diagnosis meets these criteria is made by or in coordination with a physician or, if appropriate, a practitioner of the same discipline as the one who issued the statement. An acceptable diagnosis must include the following information, or parts identified by the agency a necessary and relevant:

- (a) The history of the medical conditions, including references to findings from previous examinations, treatment, and responses to treatment;
- (b) Clinical findings from the most recent medical evaluation, including any of the following which have been obtained: findings of physical examination; results of laboratory tests; X-rays; EKG's and other special evaluations or diagnostic procedures; and, in the case of psychiatric evaluation or psychological assessment, the findings of a mental status examination and the results of psychological tests, if appropriate;
- (c) Diagnosis, including the current clinical status;
- (d) Prognosis, including plans for future treatment and an estimate of the expected date of full recovery;
- (e) An explanation of the impact of the medical condition on overall health and activities, including the basis for any conclusion that restrictions or accommodations are or are not warranted, and where they are warranted, an explanation of their therapeutic or risk avoiding value;
- (f) An explanation of the medical basis for any conclusion which indicates the likelihood that the individual is or is not expected to suffer sudden or subtle incapacitation by carrying out, with or without accommodation, the tasks or duties of a specific position;
- (g) Narrative explanation of the medical basis for any conclusion that the medical condition has or has not become static or well stabilized and the likelihood that the individual may experience sudden or subtle incapacitation as a result of the medical condition. In this context, "static or well-stabilized medical condition" means a medical condition which is not likely to change as a consequence of the natural progression of the condition, specifically as a result of the normal aging process, or in response to the work environment or the work itself. "Subtle incapacitation" means gradual, initially imperceptible impairment of physical or mental function whether reversible or not which is likely to result in performance or conduct deficiencies. "Sudden incapacitation" means abrupt onset of loss of control of physical or mental function.

.....
Physician means a licensed Doctor of Medicine or Doctor of Osteopathy, or a physician who is serving on active duty in the uniformed services and is designated by the uniformed service to conduct examinations under this part.

Practitioner means a person providing health services who is not a medical doctor, but who is certified by a national organization and licensed by a State to provide the service in question.

**ESSENTIAL FUNCTIONS AND WORK CONDITIONS FOR THE JOB OF
INSPECTOR (OFFSHORE OPERATIONS AND SAFETY ARENA)**

Time/Work Volume	Physical Requirements	Environment	Physical Exposures
<i>May include</i>			
<ul style="list-style-type: none"> • normal day of 8-10 hours • up to 16-hour shifts (2-3 times per year) • up to 12 days in a row at work <ul style="list-style-type: none"> • up to 2 weeks in a row on board the platforms • inspection trips conducted up to 150 days per year • may be expected to take inspection trips every day • over 95 percent of trips are out and back in 1 day • (Alaska Only) over 95 percent of trips are out for more than 1 day • work normally conducted during daylight hours (flight dependent; no flying at night) • (Alaska Only) work normally conducted during daylight hours but flying at night is routine • 1 day or less per year unable to return home after inspection, due to weather or equipment problems (In Alaska region only it could be one day or more) • potential for emergency problems resulting in spending one or more days on the platform • inspector sets own work pace 	<ul style="list-style-type: none"> • put on and wear safety gear (e.g., hard hat, steel toed shoes, hearing protection, flight helmet) • lift and carry briefcase, laptop computer, and dufflebag (about #25) • (Alaska Only) lift and carry briefcase, laptop computer, and arctic survival gear (about #75) • lift and carry ice chests with drilling mud (about #20) • drive to take off point, or to other on-shore inspection locations sites, 30 minutes to 4 hours • climb into and out of helicopters with small- (e.g., 2-person) to medium- (e.g., 6-person) sized cabins. In Alaska they could be large cabins (20 person) • fly in helicopters, including over water and for up to 1-2 hours at a time. In Alaska 4-6 hours. • read and manipulate small avionics devices • hear flight intercom for communications • manipulate certain aircraft doors, shoulder harnesses • speak clearly (be understood by public and co-workers) • work in confined, tight spaces • land on helipads, sometimes with hard landings • walk on open-grated walkways, sometimes without railings, and at great heights • look in all directions 	<ul style="list-style-type: none"> • airports and helicopter take-off points • offshore/ocean locations • slick metal and wooden surfaces • uneven surfaces • open gratings, over water • exposed heights (up to 200 feet on structures) • altitudes (up to 3,000 feet in helicopters) • confined work areas • close living/working quarters • heat, cold, wet, dry (all with extremes) • high wind • high waves • fog • wildlife (e.g., birds, sea lions) • major industrial environment (e.g., drilling, production, and pumping equipment) • moving materials and heavy equipment • high ladders, steep stairs, swing ropes, man-baskets • high pressure devices • gases, at high pressures and temperatures • isolated, remote sites • long distances from support or medical help 	<ul style="list-style-type: none"> • high voltages • extreme heat and cold • extreme noise (>107dB) • sea life (marine and avian biota) • gases, particulates, fumes, including hydrogen sulfide gas • sleep disruption • falling objects, including bird droppings • combustibles, corrosives, solvents, and other chemicals, including hydrofluoric acid and other acids • bright sun, high UV light • welding fumes and light • open flame • dehydration
CONTINUED			

Time/Work Volume	Physical Requirements	Environment	Physical Exposures
<i>May include:</i>			
	<ul style="list-style-type: none"> • climb and descend stairs and ladders (sometimes several flights, and often open-grated and over water) • see and step over obstacles and raised doorways • kneel, stoop, bend over, and push and pull objects • listen for and respond to alarm signals • hold clip board, write with pen or pencil • read documents and maps • use computer keyboard and laptop • read gauges • see and correctly interpret colored warning lights (red, yellow, and green) • swing holding onto a rope • climb into small, unsteady boats • climb into or onto personnel baskets and be suspended 100 feet or more above the water • untie small and large ropes • be continuously and clearly aware of surroundings • climb into emergency devices, escape pods • don, wear, and use Self Contained Breathing Apparatus (escape style only) • work independently and on small teams • enter and exit emergency equipment and helicopters quickly • be able to complete and pass a helicopter underwater egress and marine survival training course. This includes being submerged and overturned quickly while in a confined space, become reoriented and escape from the training device and reach the surface and tread water. 	<ul style="list-style-type: none"> • emergency evacuation craft (confined spaces) • confined aircraft cabins • uncooperative or potentially hostile contact with company personnel and the public • variable light conditions 	

Medical History and Examination Form

The individual to be examined is to complete all of the shaded portions of this form prior to his/her examination appointment.

The examining physician/clinic is to complete all double lined portions of this form and attach to it any hard copies of screening, diagnostic, and/or laboratory test reports, and send them as a package to the FOH QA Coordinator on the front of this form.

Name, address, and phone number (including fax) of physician/ health center performing examination:		New Applicants ONLY: Your Current Occupation: Your Current Employer: Time in Current Position (in years/months):
Examinee's Name:	Position/Job Title:	Social Security Number:
Home Address: (Street or PO Box)	Work Location:	Region Office:
(City, State, Zip)	Home Phone:	Work Phone:
Date of Scheduled Exam:	Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>

EXAMINING PHYSICIAN (Please provide the following exam, as marked, and check off the services that have been completed)

<input type="checkbox"/> BASELINE (INITIAL) / EXIT EXAM	<input type="checkbox"/> PERIODIC EXAM
Required Services: (Check the services when completed) <input type="checkbox"/> Authorization for Disclosure Form (Requires completion of FOH-6) <input type="checkbox"/> Medical History review <input type="checkbox"/> Physical Examination <input type="checkbox"/> Vision Screening (Corrected and Uncorrected Near and Far; Color; Peripheral; Depth Perception) <input type="checkbox"/> Audiometry (Requires completion of FOH-17) <input type="checkbox"/> Electrocardiogram <input type="checkbox"/> Spirometry <input type="checkbox"/> Chest X-ray (PA and Lateral; films taken within the last 6 months may be used if available) <input type="checkbox"/> TB (Mantoux) skin test <input type="checkbox"/> Tetnus booster (if needed) – (Recommended, not required) <input type="checkbox"/> CBC (hgb, hct, platelets., WBC w/ differential), dipstick urinalysis, and blood chemistries (LDH, SGOT/AST, SGPT/ALT, GGT, bilirubin, total cholesterol, LDL-C, HDL-C, triglycerides, blood sugar)	Required Services: (Check the services when completed) <input type="checkbox"/> Authorization for Disclosure Form (Requires completion of FOH-6) <input type="checkbox"/> Medical History review <input type="checkbox"/> Physical Examination <input type="checkbox"/> Vision Screening (Corrected and Uncorrected Near and Far; Color; Peripheral; Depth Perception) <input type="checkbox"/> Audiometry (Requires completion of FOH-17) <input type="checkbox"/> Electrocardiogram <input type="checkbox"/> Tetnus booster – (Recommended but not required) <input type="checkbox"/> CBC (hgb, hct, platelets., WBC with differential), and blood chemistries (total cholesterol, LDL-C, HDL-C, triglycerides, blood sugar)

This examination does not substitute for routine health care or a periodic health examination conducted by your own physician for personal health care reasons.

<p>Smoking History</p> <p><input type="checkbox"/> Current Smoker <input type="checkbox"/> Former Smoker <input type="checkbox"/> Never Smoked</p> <p>Number of cigarettes per day _____ Number of cigarettes per day _____</p> <p>Number of cigars per day _____ Number of cigars per day _____</p> <p>Number of pipe bowls per day _____ Number of pipe bowls per day _____</p> <p>Total years you have smoked _____ Total years you smoked _____</p>	<p>Alcohol/Drug Use</p> <p>What is your average alcohol consumption (number of drinks) in a week? _____ Drinks (1 drink = 12 Oz. beer, 1 glass wine, or 1.5 oz liquor)</p> <p>If you drink, what is your usual pattern of drinking? <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Both</p> <p>Do you use recreational drugs? <input type="checkbox"/> No <input type="checkbox"/> Yes (Describe fully)</p>
---	--

Describe Your Physical Activity or Exercise Program Type of Activity or Exercise _____

Intensity (check one): Low _____ Moderate _____ High _____ Duration, in Minutes per Session _____
(Examples) *Walking* *Jogging, cycling* *Sustained heavy breathing and perspiration*

Frequency, in Days per Week _____

Medications (List all medications you are currently taking, including those prescribed and over-the-counter.)

Check each item “Yes” or “No”. Every item checked “Yes” must be explained in the space provided or on the back of this form.

A. Have you ever been treated with an organ transplant, prosthetic device (e.g., artificial hip), or an implanted pump (e.g., for insulin) or electrical device (e.g., cardiac defibrillator)? (If Yes, please describe, and provide copies of pertinent medical records.) **Yes** **No**

B. Have you had, or have you been advised to have, any operation? (If Yes, please describe.) **Yes** **No**

C. Have you ever been a patient in any type of hospital after infancy? (If Yes, please describe.) **Yes** **No**

D. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past three years for other than minor illnesses? (If Yes, please describe.) **Yes** **No**

E. Have you ever been rejected for military service, or discharged from service, because of physical, mental, or other reasons? (If Yes, give date and reason for rejection or discharge.) **Yes** **No**

F. Have you ever had or been treated for a mental or emotional condition? (If Yes, please describe.) **Yes** **No**

G. Have you ever received, is there pending, or have you applied for a pension or compensation for a disability? (If Yes, please describe.) **Yes** **No**

H. Do you have any allergies, such as to poison oak, pollen, dust, chemicals, solvents? (If Yes, please list and describe.) **Yes** **No**

I. Have you ever had any other serious illness/injury? (If yes, specify when, where, and give details.) **Yes** **No**

Physician Comments/Findings

Printed Name:

MEDICAL HISTORY (please explain any "Yes" response)	DIAGNOSTIC AND PHYSICAL FINDINGS (please describe any "Abnormal" response)
<p>VISION</p> <p>Do you have or are you being treated for any eye disease? Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Do you wear eyeglasses? Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Do you wear contact lenses? Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Do you have a history of frequent headaches? Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Blurred vision? Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Difficulty reading? Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Glaucoma? Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Color blindness? Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Cataracts? Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Loss of vision in either eye? Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Eye irritation when using a respirator or goggles? Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Have you had any type of eye surgery (e.g., radial keratotomy, PRK laser, cataract, etc.)? If "YES, please provide specific type and date of surgery: Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Head and Neck</p> <p>Normal Abnormal</p> <p><input type="checkbox"/> <input type="checkbox"/> Head, Face, Neck (thyroid), Scalp</p> <p><input type="checkbox"/> <input type="checkbox"/> Nose/Sinuses/Eustachian Tube</p> <p><input type="checkbox"/> <input type="checkbox"/> Mouth/Throat</p> <p><input type="checkbox"/> <input type="checkbox"/> Mucus membranes</p> <p><input type="checkbox"/> <input type="checkbox"/> Speech</p> <p><input type="checkbox"/> <input type="checkbox"/> Pupils equal/reactive</p> <p><input type="checkbox"/> <input type="checkbox"/> Ocular Motility</p> <p><input type="checkbox"/> <input type="checkbox"/> Ophthalmoscopic Findings</p> <p><u>Comments/Findings:</u></p>
	<p>Visual Acuity</p> <p><u>Uncorrected vision (Snellen Units)</u></p> <p>Both Near 20/____ Right Near 20/____ Left Near 20/____</p> <p>Both Far 20/____ Right Far 20/____ Left Far 20/____</p> <p><u>Corrected vision (Snellen Units)</u></p> <p>Both Near 20/____ Right Near 20/____ Left Near 20/____</p> <p>Both Far 20/____ Right Far 20/____ Left Far 20/____</p> <p>Peripheral Vision</p> <p>Right Nasal____degrees Temporal____degrees</p> <p>Left Nasal____degrees Temporal____degrees</p>

<p>Color Vision</p> <p>Normal Abnormal Number Correct:</p> <p><input type="checkbox"/> <input type="checkbox"/> ____ of ____ tested Can see Red/Green/Blue/Yellow? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Type of test</p> <p><input type="checkbox"/> Ishihara plate <input type="checkbox"/> Function test (Yarn, wire, etc.) <input type="checkbox"/> Other (specify _____)</p>	<p>Depth Perception</p> <p>Type of test: _____</p> <p><input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Number Correct: ____ of ____ tested</p> <p>Interpretation: ____ Seconds of Arc</p>
--	---

Physician Comments/Findings

HEARING		Physician Comments/Findings																								
<p>Do you have or are you being treated for any ear disease? Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Exposure to loud, constant noise or music in the last 14 hours? Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Exposure to loud impact noise in past 14 hours? Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Do you have a history of ringing in the ears? Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">Difficulty hearing normal conversation? Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">Ear infections or colds in the last 2 weeks? Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">Use of a hearing aid? Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">Prior military service? Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">Prior ear surgery? Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">Recurrent ear infections? Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Do you use protective hearing equipment when working around loud noise? Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">If yes, type(s): <input type="checkbox"/> foam <input type="checkbox"/> pre-mold/plugs <input type="checkbox"/> ear muffs</p>	<p>Ears</p> <p>Right Abnormal Left Abnormal</p> <p>Normal Normal </p> <p><input type="checkbox"/> <input type="checkbox"/> TM <input type="checkbox"/> <input type="checkbox"/> TM</p> <p><input type="checkbox"/> <input type="checkbox"/> Canal <input type="checkbox"/> <input type="checkbox"/> Canal</p>	<p>Physician Comments/Findings</p>																								
	<p>Hearing Audiogram Type: <input type="checkbox"/> Baseline <input type="checkbox"/> Annual <input type="checkbox"/> Termination</p> <p>Audiogram: (Must be done <i>without</i> hearing aid, meet OSHA standards for testing, and be recorded in decibels for the hearing thresholds at each frequency. The use of hearing aids is not acceptable for this medical clearance exam.)</p> <p>Calibration Method: <input type="checkbox"/> Oscar or other device <input type="checkbox"/> Biological Date: _____</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Frequency</th> <th>500Hz</th> <th>1000Hz</th> <th>2000Hz</th> <th>3000Hz</th> <th>4000Hz</th> <th>6000Hz</th> <th>8000Hz</th> </tr> </thead> <tbody> <tr> <td>Right Ear</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Left Ear</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Frequency	500Hz	1000Hz	2000Hz	3000Hz	4000Hz	6000Hz	8000Hz	Right Ear								Left Ear								<p>Physician Comments/Findings</p>
Frequency	500Hz	1000Hz	2000Hz	3000Hz	4000Hz	6000Hz	8000Hz																			
Right Ear																										
Left Ear																										

Printed Name:

DERMATOLOGY Do you have any skin or allergy diseases? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a history of sun sensitivity? <input type="checkbox"/> Yes <input type="checkbox"/> No Chronic dermatitis? <input type="checkbox"/> Yes <input type="checkbox"/> No Active skin disease or infections? <input type="checkbox"/> Yes <input type="checkbox"/> No Moles that have changed in size or color? <input type="checkbox"/> Yes <input type="checkbox"/> No	Skin: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Physician Comments/Findings: 	Immunizations Last Tetanus (Td) Shot (Date): _____ Given Today? <input type="checkbox"/> Yes <input type="checkbox"/> No																											
VASCULAR Do you have any vascular (blood vessel) disease? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a history of enlarged superficial veins, phlebitis, or blood clots? <input type="checkbox"/> Yes <input type="checkbox"/> No Anemia? <input type="checkbox"/> Yes <input type="checkbox"/> No Heart Failure? <input type="checkbox"/> Yes <input type="checkbox"/> No Hardening of the arteries? <input type="checkbox"/> Yes <input type="checkbox"/> No High blood pressure? <input type="checkbox"/> Yes <input type="checkbox"/> No Heart Failure? <input type="checkbox"/> Yes <input type="checkbox"/> No Stroke or Transient Ischemic Attack (TIA)? <input type="checkbox"/> Yes <input type="checkbox"/> No Aneurysms (dilated arteries)? <input type="checkbox"/> Yes <input type="checkbox"/> No Poor circulation to hands and feet? <input type="checkbox"/> Yes <input type="checkbox"/> No White fingers when cold or with vibration? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vascular Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> <input type="checkbox"/> Major blood vessels, including femoral pulses. <input type="checkbox"/> Peripheral blood vessels <input type="checkbox"/> Lymphatics Cardiac Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> <input type="checkbox"/> EKG (baseline only) - Attach printout and interpretation <input type="checkbox"/> Heart	Chest X-Ray PA and Lateral (baseline only) Result: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Comments: TB Mantoux (PPD) Date: _____ - mm Induration: _____ Vital Signs Height _____ (inches) Weight _____ (pounds) Blood Pressure _____ / _____ mm/hg (Measure while sitting; if elevated, repeat in 15 min.) Pulse _____ /MIN Respirations _____ /MIN Temp(if indicated) _____ °F																											
HEART Do you have or are you being treated for any heart disease? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a history of heart or chest pain (angina)? <input type="checkbox"/> Yes <input type="checkbox"/> No Heart rhythm disturbance or palpitations (irregular beat)? <input type="checkbox"/> Yes <input type="checkbox"/> No History of Heart attack? <input type="checkbox"/> Yes <input type="checkbox"/> No Organic heart disease (including prosthetic heart valves, mitral Stenosis, heart block, heart murmur, mitral valve prolapse, Pacemakers, Wolf Parkinson White (WPW) Syndrome, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No Heart or valve surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No Sudden loss of consciousness? <input type="checkbox"/> Yes <input type="checkbox"/> No Other (specify)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cardiac Risk Profile Chol _____ HDL _____ LDL _____ Trig _____ Gluc _____ Attach copy of complete blood count (CBC) report, including differential.	Coronary Risk Factors <table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Blood Pressure \geq 140/90</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Diabetes, or Fasting Glucose \geq 126 mg/dl</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Total Chol. \geq 200 mg/dl, or HDL $<$ 40 mg/dl</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Family history of CVD in members \leq 55</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Age (men $>$ 45, women $>$ 55)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Obesity</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>No regular exercise program</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Current smoker</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	Blood Pressure \geq 140/90	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes, or Fasting Glucose \geq 126 mg/dl	<input type="checkbox"/>	<input type="checkbox"/>	Total Chol. \geq 200 mg/dl, or HDL $<$ 40 mg/dl	<input type="checkbox"/>	<input type="checkbox"/>	Family history of CVD in members \leq 55	<input type="checkbox"/>	<input type="checkbox"/>	Age (men $>$ 45, women $>$ 55)	<input type="checkbox"/>	<input type="checkbox"/>	Obesity	<input type="checkbox"/>	<input type="checkbox"/>	No regular exercise program	<input type="checkbox"/>	<input type="checkbox"/>	Current smoker	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No																											
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No regular exercise program	<input type="checkbox"/>	<input type="checkbox"/>																											
Current smoker	<input type="checkbox"/>	<input type="checkbox"/>																											
Physician Comments/Findings for Vascular/Heart Sections 																													

Printed Name:

<p>RESPIRATORY</p> <p>Do you have any respiratory (lung/airway) disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have a history of asthma(including exercise induced asthma)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you use an inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Bronchitis? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Emphysema? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Acute or chronic lung infections? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Persistent or recurring coughing or wheezing? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Wind pipe or lung surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Collapsed lung? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Scoliosis (curved spine) with breathing limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Tuberculosis? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Previous positive TB skin test? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date: _____</p>	<p>Pulmonary Function Testing (baseline exam)</p> <p>Calibration Date: (should be same day as test)</p> <p>Machine Brand: _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Actual FVC</td> <td style="width:25%;">Actual FEV1</td> <td style="width:25%;">Actual FEV1/FVC</td> <td style="width:25%;">Actual FEF 25-75</td> </tr> <tr> <td>%Predicted FVC</td> <td>%Predicted FEV1</td> <td>%Predicted FEV1/FVC</td> <td>%Predicted FEF 25-75</td> </tr> </table> <p>Respiratory</p> <p>Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Lungs/Chest</p>	Actual FVC	Actual FEV1	Actual FEV1/FVC	Actual FEF 25-75	%Predicted FVC	%Predicted FEV1	%Predicted FEV1/FVC	%Predicted FEF 25-75	<p><u>Physician Comments / Findings</u></p>
Actual FVC	Actual FEV1	Actual FEV1/FVC	Actual FEF 25-75							
%Predicted FVC	%Predicted FEV1	%Predicted FEV1/FVC	%Predicted FEF 25-75							
<p>ENDOCRINE</p> <p>Do you have any endocrine (hormone) disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have a history of diabetes (insulin requiring; units per day _____)?* <input type="checkbox"/> Yes <input type="checkbox"/> No Year diagnosed _____</p> <p>Diabetes (non-insulin requiring)?* <input type="checkbox"/> Yes <input type="checkbox"/> No Year diagnosed _____</p> <p>Childhood Onset Diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Thyroid Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Obesity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Unexplained weight loss or gain? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>OBSTETRIC Yes No Not Applicable*</p> <p>Are you pregnant? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>*For males, question not applicable</p>	<p><u>Physician Comments/Findings</u></p>								
<p>MUSCULOSKELETAL</p> <p>Do you have any muscle or bone disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have a history of moderate to severe joint pain, arthritis, tendonitis? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Amputations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Loss of use of arm, leg, fingers, or toes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Loss of sensation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Loss of strength in hands, arms, legs or feet? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Loss of coordination? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Chronic back pain? (back pain associated with neurological deficit or leg pain) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you RIGHT <input type="checkbox"/> or LEFT <input type="checkbox"/> handed? (check one)</p>	<p>Musculoskeletal</p> <p>Normal <input type="checkbox"/> Abnormal <input type="checkbox"/></p> <p><input type="checkbox"/> Upper extremities (strength)</p> <p><input type="checkbox"/> Upper extremities (range of motion)</p> <p><input type="checkbox"/> Lower extremities (strength)</p> <p><input type="checkbox"/> Lower extremities (range of motion)</p> <p><input type="checkbox"/> Feet</p> <p><input type="checkbox"/> Hands</p> <p><input type="checkbox"/> Grip strength</p> <p><input type="checkbox"/> Spine</p> <p><input type="checkbox"/> Flexibility of neck, back, spine, hips</p>	<p><u>Physician Comments/Findings</u></p>								

Printed Name:

<p>NEUROLOGICAL</p> <p>Do you have or are you being treated for any neurological disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have a history of head or spine surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Tremors, shakiness? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Seizures (current or previous)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Spinal Cord Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Numbness or tingling? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Balance problems? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>History of head trauma with persistent problem? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Chronic recurring headaches (migraine)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>History of brain tumor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Loss of memory? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Insomnia (difficulty sleeping)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Neurological</p> <p>Normal Abnormal</p> <p><input type="checkbox"/> <input type="checkbox"/> Cranial Nerves (I - XII)</p> <p><input type="checkbox"/> <input type="checkbox"/> Sense of smell</p> <p><input type="checkbox"/> <input type="checkbox"/> Cerebellar function</p> <p><input type="checkbox"/> <input type="checkbox"/> Motor/Sensory function (include vibratory, and proprioception)</p> <p><input type="checkbox"/> <input type="checkbox"/> Deep Tendon reflexes</p> <p><input type="checkbox"/> <input type="checkbox"/> Mental Status Exam</p>	<p><u>Physician Comments/Findings</u></p>
<p>GASTROINTESTINAL</p> <p>Do you have any stomach or intestinal disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have a history of hernia(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Colostomy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Persistent Stomach/Abdominal Pain? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Hepatitis, or other liver disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Active ulcer disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Irritable bowel syndrome? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Rectal bleeding? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Vomiting blood? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Gastrointestinal</p> <p>Normal Abnormal</p> <p><input type="checkbox"/> <input type="checkbox"/> Auscultation</p> <p><input type="checkbox"/> <input type="checkbox"/> Palpation</p> <p><input type="checkbox"/> <input type="checkbox"/> Organo-megaly?</p> <p><input type="checkbox"/> <input type="checkbox"/> Tenderness?</p> <p><input type="checkbox"/> <input type="checkbox"/> Hernia?</p>	<p><u>Physician Comments/Findings</u></p>
<p>GENITOURINARY</p> <p>Do you have any disease of the urinary system or genitals? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Blood in urine? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Kidney Stones? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Infertility (difficulty having children)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Difficult or painful urination? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Genitourinary</p> <p>Normal Abnormal</p> <p><input type="checkbox"/> <input type="checkbox"/> Urogenital exam (Note: this clearance exam <i>does not</i> require a pelvic exam or Pap smear for females, or a rectal or prostate exam for males)</p> <p>Attach urinalysis report (baseline only)</p>	<p><u>Physician Comments/Findings</u></p>

Printed Name:

Please check all the topics you discussed during the diagnostic work-up or physical examination	EXAMINING PHYSICIAN Summary of Abnormal Findings with Plan of Action/Referral
<input type="checkbox"/> Diet <input type="checkbox"/> Low-calorie <input type="checkbox"/> Low-fat <input type="checkbox"/> Low-salt <input type="checkbox"/> Cholesterol <input type="checkbox"/> Hypertension <input type="checkbox"/> Exercise <input type="checkbox"/> Obesity <input type="checkbox"/> Smoking cessation <input type="checkbox"/> Avoid sun exposure/use of sun screen <input type="checkbox"/> Alcohol use <input type="checkbox"/> Cancer screening <input type="checkbox"/> Immunizations <input type="checkbox"/> Hearing protection <input type="checkbox"/> Vision referral <input type="checkbox"/> Other personal protective equipment <input type="checkbox"/> Job stressors <input type="checkbox"/> Referral(s) <input type="checkbox"/> Others (s)	

SIGNATURES

DATE

Nurse _____

Examining Physician _____

I have had the examination findings explained to me and received a copy of the examination if requested.

Client _____

Copy of report received? Yes No

PLEASE BE SURE ALL REQUIRED SECTIONS OF THIS FORM HAVE BEEN COMPLETED AND ARE LEGIBLE BEFORE RETURNING IT FOR REVIEW BY THE DESIGNATED MEDICAL REVIEW OFFICER. THANK YOU.

**DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE
OCCUPATIONAL HEALTH SERVICES PROGRAM**

Medical Review Officer's Qualification Statement

Name of Examined Individual: _____ **Physician/Clinic Address:** _____

Social Security # _____

Date of Birth: _____ **Physician/Clinic Phone:** _____

<u>Position</u>	<u>Incumbent</u>	<u>Applicant</u>	<u>Pre-placement/Baseline/Exit</u>	<u>Periodic</u>
Inspector (Offshore Operations and Safety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respirator Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This review is based on:

- Report of Medical Examination, Dated: _____
- Supplemental Medical Information, Dated: _____

Findings:

- No Findings** - Individual meets the Minerals Management Service medical standards and functional requirements of the position.
- A Final Determination Cannot be Made Based on Available Medical Information** - The following results were missing, incomplete, or inconclusive and require further information or additional testing. The requested information should be provided to the MMS Program Coordinator who will forward to the Medical Review Officer. Final recommendations cannot be made until this has been completed.
- Medical Findings** - The individual does not meet the Minerals Management Service's medical standards and functional requirements for the safe and efficient performance of the duties of the position. A request for waiver of the standard(s), or reasonable accommodation, may be initiated by the employee according to MMS's established protocols.

Date of Medical Initial Review: _____

Reviewing Physician: Jay Paulsen, MD

Date of Medical Final Review: _____

Signature: _____

Reviewer's Address: FOH/USPHS, 2201 6th Avenue, #21, Seattle, WA 93121

Appendix F – MMS Vision Testing Form

**Employee - Please fill in the Medical History Portion and take to vision testing.
Vision Testing Center – after form is completed and signed please fax to:**

MEDICAL HISTORY (please explain any “Yes” response)	DIAGNOSTIC AND PHYSICAL FINDINGS (please describe any “Abnormal” response)																																							
<p>VISION</p> <table style="width:100%; border: none;"> <tr> <td style="width:80%;"></td> <td style="width:10%; text-align: center;">Yes</td> <td style="width:10%; text-align: center;">No</td> </tr> <tr> <td>Do you have or are you being treated for any eye disease?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Do you wear eyeglasses?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Do you wear contact lenses?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Do you have a history of frequent headaches?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Blurred vision?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Difficulty reading?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Glaucoma?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Color blindness?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Cataracts?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Loss of vision in either eye?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Eye irritation when using a respirator or goggles?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Have you had any type of eye surgery (e.g., radial keratotomy, PRK laser, cataract, etc.)? If “YES, please provide specific type and date of surgery:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Yes	No	Do you have or are you being treated for any eye disease?	<input type="checkbox"/>	<input type="checkbox"/>	Do you wear eyeglasses?	<input type="checkbox"/>	<input type="checkbox"/>	Do you wear contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a history of frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>	Blurred vision?	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty reading?	<input type="checkbox"/>	<input type="checkbox"/>	Glaucoma?	<input type="checkbox"/>	<input type="checkbox"/>	Color blindness?	<input type="checkbox"/>	<input type="checkbox"/>	Cataracts?	<input type="checkbox"/>	<input type="checkbox"/>	Loss of vision in either eye?	<input type="checkbox"/>	<input type="checkbox"/>	Eye irritation when using a respirator or goggles?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any type of eye surgery (e.g., radial keratotomy, PRK laser, cataract, etc.)? If “YES, please provide specific type and date of surgery:	<input type="checkbox"/>	<input type="checkbox"/>	<p><u>Visual Acuity</u></p> <p><u>Uncorrected vision (Snellen Units)</u></p> <p>Both Near 20/____ Right Near 20/____ Left Near 20/____</p> <p>Both Far 20/____ Right Far 20/____ Left Far 20/____</p> <p><u>Corrected vision (Snellen Units)</u></p> <p>Both Near 20/____ Right Near 20/____ Left Near 20/____</p> <p>Both Far 20/____ Right Far 20/____ Left Far 20/____</p> <p><u>Peripheral Vision</u></p> <p>Right Nasal____degrees Temporal____degrees</p> <p>Left Nasal____degrees Temporal____degrees</p>
	Yes	No																																						
Do you have or are you being treated for any eye disease?	<input type="checkbox"/>	<input type="checkbox"/>																																						
Do you wear eyeglasses?	<input type="checkbox"/>	<input type="checkbox"/>																																						
Do you wear contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>																																						
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Have you had any type of eye surgery (e.g., radial keratotomy, PRK laser, cataract, etc.)? If “YES, please provide specific type and date of surgery:	<input type="checkbox"/>	<input type="checkbox"/>																																						
<p><u>Color Vision</u></p> <p>Normal Abnormal Number Correct:</p> <p><input type="checkbox"/> <input type="checkbox"/> _____ of _____ tested Can see Red/Green/Blue/Yellow? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Type of test</p> <p><input type="checkbox"/> Ishihara plate <input type="checkbox"/> Function test (Yarn, wire, etc.) <input type="checkbox"/> Other (specify _____)</p>	<p><u>Depth Perception</u></p> <p>Type of test: _____</p> <p><input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Number Correct: _____ of _____ tested</p> <p>Interpretation: _____ Seconds of Arc</p>																																							
<p><u>Physician Comments/Findings</u></p>																																								

Printed Name:

Examiner Signature (Printed /Signed) _____ **Date** _____

Appendix G – Sample Letter Requesting Additional Information
Memorandum

To:

From: Joanne McCammon
Medical Standards Program

Subject: Incomplete Examination Form

On (*insert date*) you had exams as part of the MMS Medical Standards Program. The results of your exam were reviewed by Dr. Jay Paulsen, MMS's Contract Medical Review Officer. After his review, he has determined that more information is needed before he can make a recommendation about your exam results.

Attached is a letter from Dr. Paulsen outlining the information that he needs to complete his review.

Please provide the information he is requesting to me within 30 days so I can forward it to Dr. Paulsen. I will keep in contact with you about gathering this information. If there is a problem with providing the information within the above timeframe, please let me know as soon as possible.

The information should be sent to the address below in a sealed envelope marked **“MEDICAL CONFIDENTIAL”**.

Joanne McCammon
Minerals Management Service
381 Elden Street, MS-4023
Herndon, VA 20170

If you are sending it via the MMS mail system, please put the information in a blue envelope. Send it to my attention and mark it **“MEDICAL CONFIDENTIAL”**. The address will be:

Joanne McCammon
Headquarters – Atrium
MS – 4023

If you have any questions, please call me at 703-787-1292.

Attachment
Letter from Dr. Jay Paulsen
Copy of Qualification Statement

Appendix H – Sample Letter “Additional Information Request Over 30 Days”

Memorandum

To: Employee

Through: Supervisor

From: Joanne McCammon
Medical Standards Program

Subject: Additional Information Request

On *(insert date)* you had exams as part of the MMS Medical Standards Program. The results of your exam were reviewed by Dr. Jay Paulsen, MMS’s Contract Medical Review Officer. Additional information was required before a recommendation could be made on your exam results. On *(insert date)* you received a memo requesting the necessary additional information, as well as a letter from Dr. Paulsen explaining the specific information needed. You were directed to submit that information to me within 30 days of receipt of the request memo.

(Insert chronology of dialogue and/or e-mail messages regarding the information and what has transpired over the 30 days.)

The 30 days have expired and I do not have your additional information to provide to Dr. Paulsen. This memo serves as official notice that the additional information must be provided within 2 weeks of today’s date. Failure to provide this information in the timeframe stated could result in disciplinary action. Your supervisor has been notified of your failure to provide timely information and the fact that you have not satisfactorily proven to the Medical Review Officer that established standards have been met as required under the Medical Standards Program. Your supervisor will be responsible for reviewing the information and proposing disciplinary action as necessary.

Effective immediately you will be prohibited from flying offshore until this information is provided and a finding is issued by Dr. Paulsen.

Appendix I – Sample Letter “Medical Examination Results”

To: Employee

From: Joanne McCammon
Medical Standards Program Coordinator

Subject: Medical Examination Results

This letter serves as official notification of the results of your physical examination.

Enclosed is the Qualification Statement from Dr. Jay Paulsen, the Contract Medical Review Officer, for the MMS Medical Standards Program. His review identifies a “Medical Finding” (MF), when comparing your results to the established standard. I have enclosed a copy of the Qualification Statement.

(List specifics of Medical Finding here:)

Listed below are the options available to address this MF:

Option 1 Work with your personal doctor to correct your finding. If a retest is necessary please submit those results to me so I can forward it to Dr. Paulsen.

The information should be sent to the address below in a blue envelope marked **“MEDICAL CONFIDENTIAL”**.

Joanne McCammon
Headquarters – Atrium
MS – 4023

Option 2 You have 10 working days, after receiving this letter, to submit a written request to the Regional Director/Regional Manager through your supervisor asking for a waiver of the ***(fill in the specific standard)*** (you would need to explain how meeting the vision standard does not impact your job performance).

If your desire is to request a waiver and action is not initiated within 10 working days, your supervisor will initiate immediate action through your servicing Human Resource/Personnel office for you, your supervisor, and a Human Resource/Personnel advisor to examine and discuss available options. In the event an option acceptable to both you and the MMS cannot be found, removal from your position and Federal Service (for inability to perform assigned duties) may be the remaining option.

Effective ***(insert date)*** you will not be permitted to travel offshore until the MF is resolved. If you have any questions, please contact me at 703-787-1292.

Appendix J – Sample Waiver Request Letter

To: Regional Director

Through: Supervisor

From: Employee

Subject: Waiver of Medical Standard

On *(insert date)*, I was notified that I had a medical finding. I did not meet the *(insert standard)* hearing standard. The hearing standard is 40 db at 3000 Hertz *(insert information about how standard was not met)* example: my hearing is 65db at 3000 Hertz in my left ear.

(If more explanation is appropriate or warranted about the specific standard, please insert here) Example: my hearing loss is due to a condition that I have had since I was a child and is not correctable.

I am requesting a waiver of this medical standard based on the fact that I have been performing the duties of my position in a safe and efficient manner in the past and I have consistently demonstrated the ability to perform my job in a satisfactory manner without an undue risk of harm to myself or others.

I am requesting this waiver until my next scheduled physical or until **(insert date)**, but understand that I will continue to have an annual audiogram as part of the hearing conservation program.

My supervisor (insert supervisor's name) has filled out the attached questionnaire that addresses my past job performance despite not meeting the hearing standard.

Acceptance of Waiver _____ Date _____
(Insert Name)

Denial of Waiver _____ Date _____
(Insert Name)

Appendix K – Sample Accommodation Request Letter

To: Regional Director

Through: Supervisor

From: Employee

Subject: Accommodation of Medical Standard

On *(insert date)*, I was notified that I had a medical finding. I did not meet the *(insert standard)* musculoskeletal standard. ***Example: I have lumbosacral instability which prohibits me from sitting for long periods of time.***

(If more explanation is appropriate or warranted about the specific standard, please insert here) Example: my condition is due to injuries that I sustained in a car accident and I my condition is stable.

I am requesting an accommodation of this medical standard. *(Explain accommodation)*
Example: Since sitting for long periods of time aggravate my medical condition, I am requesting that I not have to fly out to facilities that require me to sit in the helicopter for more than 1 hour.

I have been performing the duties of my position in a safe and efficient manner in the past. I have also consistently demonstrated the ability to perform my job in a satisfactory manner without an undue risk of harm to myself or others.

I am requesting this accommodation until my next scheduled physical or until *(insert date)*

Acceptance of Accommodation _____ Date _____
(Insert Name)

Denial of Accommodation _____ Date _____
(Insert Name)