

OCCUPATIONAL DISEASE RESOURCE GUIDE



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The CA-2

Did your injury occur over more than one day?

How to file a CA-2 for an occupational disease.

Occupational diseases are defined as injuries that occur over a period longer than one day or one work shift. To file a claim for an occupational disease, letter carriers need to provide a description of their work duties and a medical narrative that makes a causal connection between the injury and work factors. The burden of proof in every OWCP case rests on the injured worker; you must be an active participant in the claims process.

Step 1: Contact your shop steward for further guidance

It is important that you keep your shop steward or the Branch in the loop about the injury. Filing a claim for an Occupational Disease can be daunting and confusing. It is imperative that you reach out to your steward or a Branch officer for guidance when you believe you may suffer from an occupational disease, preferably prior to filing the CA-2.

Step 2: Employee narrative

For your doctor to formulate a medical opinion that your duties as a letter carrier caused, aggravated, accelerated or precipitated your medical condition, you need to explain your day to day duties as a letter carrier. A written explanation of your job duties as a letter carrier provides your doctor with the information to form a rationalized medical opinion regarding causation. Most doctors are very busy, so keep you need to keep your explanation to one page.

Describe an average day on your route. Mail volume and deliveries fluctuate every day so avoid exact numbers. Describe how long you sort and deliver mail. Estimate mail volumes, weights, distances and repetitions. Never exaggerate. Use action words that describe your work factors like walking, carrying, reaching, pushing, pulling etc. Quantify your work if possible.

Step 3: The doctor's narrative

Once you have your job description completed, print a copy of it and take it to your doctor. The medical opinion of a board-certified specialist with expertise in your particular injury will have more weight with the Office of Workers' Compensation Programs (OWCP), than a general practitioner. You can research doctors online or ask your general practitioner for a referral. Not all doctors will accept Federal Worker's Compensation claims, so ask them if they do.

OWCP requires a rationalized medical narrative that describes the causal relationship between the work factors described in your explanation and the diagnosed injury. The narrative must be based on objective medical evidence such as tests, x-rays, or MRIs. In this medical narrative, your doctor will need to describe the physiological mechanism(s) by which the work factors outlined in your job description caused the diagnosed condition.

Step 4: Submitting the CA-2

Once you have the medical narrative describing the causal relationship between your work and your medical condition, ask your supervisor for a CA-2, Notice of Occupational Disease and a CA-17, Duty Status Report.

As you fill out the CA-2, you will come to question 11; Date you first became aware of the disease or illness, and question 12; Date you first realized the disease or illness was caused or aggravated by your employment. Answer question 11 as best as you can, your injury may have been ongoing for years, OWCP needs to have a rough idea of when you had an initial diagnosis.

When it comes to question 12, even though you may have felt your injury was work related, OWCP will only accept the date your doctor tells you it is work related. The date your doctor signs his rationalized medical opinion will be the date you enter in question 12.

You should file the CA-2 as soon as possible, preferably within the 30 days from the date listed in question 12. However, the CA-2 will meet the statutory time requirement if filed no later than 3 years after the injury.

Complete your portion of the CA-2, make a copy of it and hand the original along with your narrative to your supervisor, do not place it on their desk or in their inbox. Get the signed receipt portion of the CA-2 from your supervisor. Make sure the supervisor has signed it and properly completed it, including placement of your name on it. Request a copy of the completed CA-2 for your file.

The Postal Service is required to send your CA-2 to OWCP within 10 working days of receiving it from you. Once OWCP gets your CA-2 they will assign you a claim number and send you a letter. If you do not receive a letter from OWCP, call your OWCP district office and ask for your file number.

Medical reports should be sent directly to OWCP, NOT THE POSTAL SERVICE. Once you have the file number, you will need to mail all of the medical information — test results, medical narratives etc. directly to:

Office of Workers' Compensation Programs
PO Box 8300
London, KY 40742

When communicating with OWCP, it is essential to have your file number on every page, usually at the very top. Documents mailed to the London, Kentucky address get scanned; a page without a file number may never get into your claim file.

You can upload pdf's of your documents directly to your file via OWCP's ECOMP portal. Go to: <https://www.ecomp.dol.gov/#>. On the right side of the page, under Need to Upload a Document, click on the green Access Case and Upload Document icon. Follow the instructions on the next page and record the DCN number once your files have been uploaded. Uploading your information is faster and more reliable than mailing.

The Postal Service has an obligation to make every effort to find you work within your limitations. Request a copy of form CA-17 from your supervisor. The Postal Service is responsible for filling out the job requirements on the left (side A) of the CA-17. Your doctor fills out the right (side B) of the CA-17, listing any medical restrictions. Make a copy of the completed CA-17 and give one copy to your supervisor.

Step 5: Managing your claim

Once you have filed your claim, OWCP has three options:

1. Request more information

OWCP will notify you if your case lacks enough information to make a decision in your case. They will send you a development letter requesting more information listing a series of questions for both you and your doctor to answer. These letters always give you exactly 30 days from the date on the letter to respond.

It is important that you act quickly to get the questions answered within the 30-day time limit. Make an appointment with your doctor as soon as possible. Bring the OWCP letter to your appointment. and ask your doctor to thoroughly answer the questions. OWCP must receive the information within the 30 days, a postmark is insufficient. Make sure your doctor understands the urgency. Use ECOMP to upload your documents directly to your file if necessary.

Never forward documents without first making copies for your own records. You need to organize your records to be ready to respond to OWCP. If you have problems with your claim, contact a branch officer to find an NALC representative to assist you. FECA gives you the right to appoint a representative of your choice.

2. Claim acceptance

In accepting your claim, OWCP has determined the documentation provided was sufficient. To claim wage-loss compensation for lost time, you need to submit a CA-7 to the Postal Service.

If you do not receive a CA-7 from the Postal Service, request one from your supervisor or print one from the DOL's website. The CA-7 comes with instructions on how to properly fill it out and submit it. Submit the completed CA-7 every two weeks, usually on the last Friday, to your district Health Resource Management, HRM office. Send a written request for a copy of the completed CA-7, including management's portion, for your file every time you submit it to HRM.

Ask your supervisor for the HRM office's address and fax number. The Postal Service has five working days to complete their portion of the CA-7 and send it to OWCP. Always keep a copy of your CA-7 for your file.

If the Postal Service notifies you that they have a Limited Duty Job Offer (LDJO) for you, you need to examine it and see if it falls within your doctor's restrictions listed on your most recent CA-17. If the job offer looks reasonable and is within your medical restrictions, accept the job offer and begin working it. If you think the job offer exceeds those limitations, you have the right to take the job offer to your doctor and let the doctor determine if the job offer is within your medical restrictions.

NEVER refuse a job offer. if management demands you accept or reject a job offer, accept the offer and write "pending doctor's approval" next to your signature. FECA regulations allow you to have your doctor review any job offer for compliance with your medical restrictions.

You should take the job offer to your doctor as soon as possible and give a copy of the response to the Postal Service and OWCP. The Postal Service may make you multiple job offers and you should follow the procedures above every time.

OWCP has the sole authority to determine whether the LDJO is suitable. If OWCP determines that the job offer is suitable, it is required to notify the employee in writing and give the employee 30 days to begin the job.

3. Claim denial

If OWCP denies your claim, they will normally list the reason(s) why. Along with the denial, OWCP will give you a list of your appeal rights. Each venue has specific time limits that are absolute. In order to successfully appeal a denial, you must address OWCP's reason(s) for the denial. It often involves further medical documentation and new medical opinions from your doctor or a specialist.

Contact a branch officer to solicit help in choosing the proper venue for appeal.

Notice of Occupational Disease and Claim for Compensation

U. S. Department of Labor

Employment Standards Administration
Office of Workers' Compensation Programs



Employee: Please complete all boxes 1 - 18 below. Do not complete shaded areas.

Employing Agency (Supervisor or Compensation Specialist): Complete shaded boxes a, b, and c.

Employee Data					
1. Name of Employee (Last, First, Middle)				2. Social Security Number	
3. Date of birth	Mo.	Day	Yr.	4. Sex	5. Home telephone
				M	
7. Employee's home mailing address (Include city, state, and ZIP code)				8. Dependents	
				<input type="checkbox"/> Wife, Husband <input type="checkbox"/> Children under 18 years <input type="checkbox"/> Other	

Claim Information	
9. Employee's occupation	a. Occupation code
10. Location (address) where you worked when disease or illness occurred (include City, state, and ZIP code)	11. Date you first became aware of disease or illness
	Mo. Day Yr.
12. Date you first realized the disease or illness was caused or aggravated by your employment	13. Explain the relationship to your employment, and why you came to this realization
Mo. Day Yr.	

14. Nature of disease or illness	

OWCP Use - NOI Code	
b. Type code	c. Source code

15. If this notice and claim was not filed with the employing agency within 30 days after date shown above in item #12, explain the reason for the delay.

16. If the statement requested in item I of the attached instructions is not submitted with this form, explain reason for delay.

17. If the medical reports requested in item 2 of attached instructions are not submitted with this form, explain reason for delay.

Employee Signature

18. I certify, under penalty of law, that the disease or illness described above was the result of my employment with the United States Government, and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication. I hereby claim medical treatment, if needed, and other benefits provided by the Federal Employees' Compensation Act.

I hereby authorize any physician or hospital (or any other person, institution, corporation, or government, agency) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs (or to its official representative). This authorization also permits any official representative of the Office to examine and to copy any records concerning me.

Signature of employee or person acting on his/her behalf _____ Date _____

Have your supervisor complete the receipt attached to this form and return it to you for your records.

Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

Official Supervisor's Report of Occupational Disease: Please complete information requested below

Supervisor's Report

19. Agency name and address of reporting office (include city, state, and ZIP Code) OWCP Agency Code

OSHA Site Code

ZIP Code

20. Employee's duty station (Street address and ZIP Code) ZIP Code

21. Regular work hours From: a.m. p.m. To: a.m. p.m.

22. Regular work schedule Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

23. Name and address of physician first providing medical care (include city, state, ZIP code)

24. First date medical care received Mo. Day Yr.

25. Do medical reports show employee is disabled for work? Yes No

26. Date employee first reported condition to supervisor Mo. Day Yr.

27. Date and hour employee stopped work Mo. Day Yr. Time a.m. p.m.

28. Date and hour employee's pay stopped Mo. Day Yr. Time a.m. p.m.

29. Date employee was last exposed to conditions alleged to have caused disease or illness Mo. Day Yr.

30. Date returned to work Mo. Day Yr. Time a.m. p.m.

31. If employee has returned to work and work assignment has changed, describe new duties

32. Employee's Retirement Coverage CSRS FERS Other, (Specify)

33. Was injury caused by third party? Yes No
If "No," go to Item 34.

34. Name and address of third party (include city, state, and ZIP code)

Signature of Supervisor

35. A supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect to this claim may also be subject to appropriate felony criminal prosecution.

I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exception:

Name of Supervisor (Type or print)

Signature of Supervisor Date

Supervisor's Title Office phone

Disability Benefits for Employees under the Federal Employees' Compensation Act (FECA)

The FECA, which is administered by the Office of Workers' Compensation Programs (OWCP), provides the following general benefits for employment-related occupational disease or illness:

- (1) Full medical care from either Federal medical officers and hospitals, or private hospitals or physicians of the employee's choice.
- (2) Payment of compensation for total or partial wage loss.
- (3) Payment of compensation for permanent impairment of certain organs, members, or functions of the body (such as loss or loss of use of an arm or kidney, loss of vision, etc.), or for serious disfigurement of the head, face, or neck.
- (4) Vocational rehabilitation and related services where necessary.

The first three days in a non-pay status are waiting days, and no compensation is paid for these days unless the period of disability exceeds 14 calendar days, or the employee has suffered a permanent disability. Compensation for total disability is generally paid at the rate of 2/3 of an employee's salary if there are no dependents, or 3/4 of salary if there are one or more dependents.

An employee may use sick or annual leave rather than LWOP while disabled. The employee may repurchase leave used for approved periods. Form CA-7b, available from the personnel office, should be studied BEFORE a decision is made to use leave.

If an employee is in doubt about compensation benefits, the OWCP District Office servicing the employing agency should be contacted. (Obtain the address from your employing agency.)

For additional information, review the regulations governing the administration of the FECA (Code of Federal Regulations, Title 20, Chapter 1) or Chapter 810 of the Office of Personnel Management's Federal Personnel Manual.

Privacy Act

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that: (1) The Federal Employees' Compensation Act, as amended and extended (5 U.S.C. 8101, et seq.) (FECA) is administered by the Office of Workers' Compensation Programs of the U.S. Department of Labor, which receives and maintains personal information on claimants and their immediate families. (2) Information which the Office has will be used to determine eligibility for and the amount of benefits payable under the FECA, and may be verified through computer matches or other appropriate means. (3) Information may be given to the Federal agency which employed the claimant at the time of injury in order to verify statements made, answer questions concerning the status of the claim, verify billing, and to consider issues relating to retention, rehire, or other relevant matters. (4) Information may also be given to other Federal agencies, other government entities, and to private-sector agencies and/or employers as part of rehabilitative and other return-to-work programs and services. (5) Information may be disclosed to physicians and other health care providers for use in providing treatment or medical/vocational rehabilitation, making evaluations for the Office, and for other purposes related to the medical management of the claim. (6) Information may be given to Federal, state and local agencies for law enforcement purposes, to obtain information relevant to a decision under the FECA, to determine whether benefits are being paid properly, including whether prohibited dual Payments are being made, and, where appropriate, to pursue salary/administrative offset and debt collection actions required or permitted by the FECA and/or the Debt Collection Act. (7) Disclosure of the claimant's social security number (SSN) or tax identifying number (TIN) on this form is mandatory. The SSN and/or TIN, and other information maintained by the Office, may be used for identification, to support debt collection efforts carried on by the Federal government, and for other purposes required or authorized by law. (8) Failure to disclose all requested information may delay the processing of the claim or the payment of benefits, or may result in an unfavorable decision or reduced level of benefits.

Note: This notice applies to all forms requesting information that you might receive from the Office in connection with the processing and adjudication of the claim you filed under the FECA.

Receipt of Notice of Occupational Disease or Illness

This acknowledges receipt of notice of disease or illness sustained by:
(Name of injured employee)

I was first notified about this condition on (Mo., Day, Yr.) _____

At (Location) _____

Signature of Official Superior	Title	Date (Mo., Day, Yr.)
_____	_____	_____

This receipt should be retained by the employee as a record that notice was filed.

INSTRUCTIONS FOR COMPLETING FORM CA-2

Complete all items on your section of the form. If additional space is required to explain or clarify any point, attach a supplemental statement to the form. In addition to the information requested on the form, both the employee and the supervisor are required to submit additional evidence as described below. If this evidence is not submitted along with the form, the responsible party should explain the reason for the delay and state when the additional evidence will be submitted.

Employee (or person acting on the Employee's behalf)

Complete items 1 through 18 and submit the form to the employee's supervisor along with the statement and medical reports described below. Be sure to obtain the Receipt of Notice of Disease or Illness completed by the supervisor at the time the form is submitted.

1) Employee's statement

In a separate narrative statement attached to the form, the employee must submit the following information:

- a) A detailed history of the disease or illness from the date it started.
- b) Complete details of the conditions of employment which are believed to be responsible for the disease or illness.
- c) A description of specific exposures to substances or stressful conditions causing the disease or illness, including locations where exposure or stress occurred, as well as the number of hours per day and days per week of such exposure or stress.
- d) Identification of the part of the body affected. (If disability is due to a heart condition, give complete details of all activities for one week prior to the attack with particular attention to the final 24 hours of such period.)
- e) A statement as to whether the employee ever suffered a similar condition. If so, provide full details of onset, history, and medical care received, along with names and addresses of physicians rendering treatment.

2) Medical report

- a) Dates of examination or treatment.
- b) History given to the physician by the employee.
- c) Detailed description of the physician's findings.
- d) Results of x-rays, laboratory tests, etc.
- e) Diagnosis.
- f) Clinical course of treatment.
- g) Physician's opinion as to whether the disease or illness was caused or aggravated by the employment, along with an explanation of the basis for this opinion. (Medical reports that do not explain the basis for the physician's opinion are given very little weight in adjudicating the claim.)

3) Wage loss

If you have lost wages or used leave for this illness, Form CA-7 should also be submitted.

Supervisor (Or appropriate official in the employing agency)

At the time the form is received, complete the Receipt of Notice of Disease or Illness and give it to the employee. In addition to completing items 19 through 34, the supervisor is responsible for filling in the proper codes in shaded boxes a, b, and c on the front of the form. If medical expense or lost time is incurred or expected, the completed form must be sent to OWCP within ten working days after it is received. In a separate narrative statement attached to the form, the supervisor must:

- a) Describe in detail the work performed by the employee. Identify fumes, chemicals, or other irritants or situations that the employee was exposed to which allegedly caused the condition. State the nature, extent, and duration of the exposure, including hours per days and days per week, requested above.
- b) Attach copies of all medical reports (including x-ray reports and laboratory data) on file for the employee.
- c) Attach a record of the employee's absence from work caused by any similar disease or illness. Have the employee state the reason for each absence.
- d) Attach statements from each co-worker who has first-hand knowledge about the employee's condition and its cause. (The co-workers should state how such knowledge was obtained.)
- e) Review and comment on the accuracy of the employee's statement requested above.

The supervisor should also submit any other information or evidence pertinent to the merits of this claim.

Item Explanation: Some of the items on the form which may require further clarification are explained below.

14. Nature of the disease or illness

Give a complete description of the disease or illness. Specify the left or right side if applicable (e.g., rash on left leg; carpal tunnel syndrome, right wrist).

19. Agency name and address of reporting office

The name and address of the office to which correspondence from OWCP should be sent (if applicable, the address of the personnel or compensation office).

23. Name and address of physician first providing medical care

The name and address of the physician who first provided medical care for this injury. If initial care was given by a nurse or other health professional (not a physician) in the employing agency's health unit or clinic, indicate this on a separate sheet of paper.

24. First date medical care received

The date of the first visit to the physician listed in item 23.

32. Employee's Retirement Coverage.

Indicate which retirement system the employee is covered under.

33. Was the injury caused by third party?

A third party is an individual or organization (other than the injured employee or the Federal government) who is liable for the disease. For instance, manufacturer of a chemical to which an employee was exposed might be considered a third party if improper instructions were given by the manufacturer for use of the chemical.

Employing Agency - Required Codes

Box a (Occupational Code), Box b. (Type Code), Box c (Source Code), OSHA Site Code

The Occupational Safety and Health Administration (OSHA) requires all employing agencies to complete these items when reporting an injury. The proper codes may be found in OSHA Booklet 2014, Record Keeping and Reporting Guidelines.

OWCP Agency Code

This is a four digit (or four digit two letter) code used by OWCP to identify the employing agency. The proper code may be obtained from your personnel or compensation office, or by contacting OWCP.

The Medical Report

The most common reason OWCP does not accept claims is because there is a lack of rationalized medical evidence that would establish a causal relationship between the clinical findings/diagnosis and the claimed work factors connected to the injury (the things we do at work). Below are listed the elements taken from OWCP's *Procedure Manual* that claims examiners require in a medical report in order to accept a claim.

Please note that the medical report must be signed by the attending physician. OWCP will not accept a report that is only signed by a physician's assistant or a nurse practitioner.

1. Clear diagnosis based on objective clinical findings

The first thing you will need from your doctor is a clear diagnosis of your injury based on objective clinical findings. Your attending physician should clearly state the diagnoses and the clinical basis for them (the diagnostic procedures relied upon).

2. A brief review of the medical history of the injured body part

In addition, your physician, in writing, should briefly review and show familiarity with the medical history involving your injured body part, including any other injuries and conditions involving that part of the body that may have occurred in the past. This should include a chronological list of dates of examination and treatment.

3. Narrative of work duties that contributed to the injury

Once there is a clear diagnosis, you will need to write and provide your physician with a detailed description of your work duties that have contributed to your injury.

4. OWCP requires a description of the physiological mechanism by which the work duties caused, contributed to, exacerbated, or accelerated the diagnosed condition.

Your physician should state that he or she has reviewed your description of your job duties and explain how those duties either caused or even just contributed to the diagnosed condition.

It is vital to understand that a physician's mere statement that there is a causal relationship between the work factors and the injury will not be sufficient for OWCP to accept the claim. There are some basic bureaucratic and procedural distinctions that the attending physician should understand before writing the causal explanation.

a. Work only has to be a contributing factor to the injury for the claim to be accepted

First, unlike many state injury compensation programs, OWCP does not apportion causality. State injury compensation programs often require the physician to determine the percentage of the injury attributable to preexisting conditions as compared with the conditions that result from exposure to the work environment. The attending physician does not have to do this for OWCP: your work only has to be a contributing factor to the injury for the claim to be approved (it can be even a small contributing factor). OWCP will also accept a claim if a claimant's work has aggravated or made worse an existing injury that is not job-related.

b. A degree of medical certainty of more than 50% is required for the claim to be accepted

Even though work may only be a small contributing factor to the injury, OWCP requires that there must be more than just a possibility that the work factors contributed to the diagnosed condition. It requires a degree of conclusive certainty of at least "on a more probable than not basis." Normally in medical literature for a result to be considered "probable" the association between a potential cause and the result must be greater than 95%, Everything else is only "possible." This is not the case with OWCP: a result is "probable" if it is more likely to occur than not (probability exceeds 50%).' If your physician believes that the association between your work and the diagnosed conditions meets this standard, he or she should indicate that they hold their opinion with "reasonable medical certainty."

c. The attending physician should describe the biomechanical process by which the work factors caused or contributed to the diagnosed condition.

Once the physician has determined that the diagnosed injuries, on a more probable than not basis, have been directly caused by a traumatic event or accelerated and made worse by years of repetitive timed production work at the Post Office, he or she must explain why he or she holds the opinion.

For example, a physician may diagnose osteoarthritis in the hips and hold the opinion that it was caused by repetitive years of walking, standing and climbing carrying a loaded satchel. In such a case, OWCP will still require the physician to rationalize his or her opinion: to explain why he or she believes the years of work exposure caused or contributed to the osteoarthritis.

To properly rationalize an opinion, the physician should describe the physiological mechanism(s) by which the claimed work factors (what we do at work) caused or contributed to the diagnosed condition. This description of the physiological mechanism

See AMA *Guides to the Evaluation of Impairment 6th ad.*, p.25

of injury goes beyond what most medical insurers require for authorizing treatment. It is, however, a bureaucratic element that OWCP requires before it can accept a claim ("mechanism of injury" is a term unique to OWCP).

Here is an example of an explanation of "mechanism of injury" involving a foot condition that was causally connected to the letter carrier's work that OWCP found acceptable:

While walking especially at the gate point of propulsion the weight is borne on the metatarsal heads. This causes increased pressure in this area as well as causing the metatarsal heads to move closer together and impinge on the on the associated intra-metatarsal nerve. Heel strike, pronation, and mid-stance on the weight bearing (especially with additional weight) causes increase in the longitudinal arch area. This in turn causes pulling of the Plantar Fascia more at the calcaneal origin than its metatarsal insertion and associated pain.

The Employees' Compensation Appeals Board found this statement to describe the medical mechanics as the proximate cause of the letter carrier's neuroma and related conditions of heel spurs to be sufficiently well rationalized for accepting the claim.

d. An indication if work the duties have permanently or temporarily contributed to the diagnosed conditions

Injured workers will often have difficulties if OWCP accepts a claim for the temporary worsening of a pre-existing condition when that condition has, in fact, been permanently worsened by exposure to work factors. For example, it is often the case that years of carrying mail causes permanent loss of cartilage that manifests itself years earlier than it would through the normal course of degenerative arthritis. If this reflects your doctor's medical judgment, he or she should describe this process as a "*permanent acceleration*" (note that this is a bureaucratic term that comes directly out of the FECA Procedure Manual).

If the attending physician believes that the tens of thousands of hours, the injured letter carrier has performed his or her duties has permanently contributed to their condition the attending physician should explain why this is so. When attending physicians don't indicate whether or not the aggravation of an underlying condition is permanent, OWCP's own procedures direct claims examiners to treat the aggravation as temporary.

5. The medical report should contain a prognosis and recommendations for treatment.

To sum up, the physician's medical report should contain the following elements:

1. A clear diagnosis and a brief description of clinical basis for the diagnosis (objective clinical findings).
2. A brief review of the medical history involving the injured body part, including prior injuries.
3. An indication from the physician that she or he is familiar with your duties at work (i.e. that they have reviewed the statement of work duties that you provided them).
4. A brief medical explanation of how the work duties you described caused or contributed to the diagnosed condition (the physiological mechanism by which the work duties caused or contributed to the diagnosed condition). The physician should also state the degree of medical certainty for his or her conclusion (for OWCP to accept a claim the degree of certainty must be more than 50%; i.e. "on a more probable than not basis").
5. A prognosis and recommendations for treatment,

Evidence Required in Support of a Claim
for Occupational Disease



All of the following information should be submitted with Form CA-2. Please return the checklist with your statements attached. Check off each item as it is completed or let us know when we can expect the information. All material submitted should be legible and specific.

FROM EMPLOYEE	✓	FROM EMPLOYING AGENCY	✓
1. Give a detailed description of factors of employment believed responsible for condition. Be specific as to the duration and nature of the factors: for instance weights carried, distances walked, chemicals used, or other relevant job actions.		5. Review and comment on employee's statement provided in response to Item no. 1.	
2. Give the history of the condition from first awareness of the problem. Include description of all home treatment and professional care as well as symptoms.		6. If employee's job differs from official description, describe exactly his/her duties.	
3. Describe any prior similar problem, with dates of onset, history, medical care received, and copies of the medical records of your treatment.		7. Give a day-by-day listing of leave and leave without pay used due to this condition.	
4. Attach or forward a medical report from your physician to include the following items: a. Dates of examination and treatment. b. History given by you. c. Detailed description of findings. d. Results of all diagnostic tests. e. Diagnosis. f. The clinical course of treatment followed. g. Doctor's opinion, with reasons for such opinion, as to the relationship between any condition you may now have and the factors of employment identified in Item no. 1 above.		8. Attach copies of the employee's: a. SF-171, Application for Employment. b. Position description with physical requirements. c. Pertinent dispensary records. d. Most recent SF-50, Notification of Personnel Action.	

NOTICE TO EMPLOYEES FILING CLAIM FOR OCCUPATIONAL DISEASE

Diseases and illnesses which occur during or after Federal employment are not automatically covered by the Federal Employees' Compensation Act. You must provide factual and medical evidence to establish that conditions of employment caused or aggravated the disease or illness.

The Office of Workers' Compensation Programs (OWCP) understands that gathering the necessary evidence requires substantial effort. The attached checklist is designed to help you. Form CA-2 ("Federal Employees' Notice of Occupational Disease and Claim for Compensation"), your statements in response to the checklist, and a report from your treating physician should all be given to your agency Compensation Specialist at the same time. Please return the checklist with your statements. Check off each item as it is completed or let us know when we can expect the information. Your supervisor and the Compensation Specialist will compile the additional information required and forward a complete and organized package to OWCP. If your Agency has no Compensation Specialist or other person designated to forward information to OWCP, give the information directly to your supervisor.

Upon receipt of your claim, OWCP will create a case and assign it to a claims examiner for processing. You will receive a post card advising you of the case number. Use this number on all future correspondence about your claim.

If you are eligible for Civil Service retirement, you may apply for both retirement benefits from the Office of Personnel Management (OPM) and workers' compensation benefits from OWCP. However, in most cases, you cannot receive both benefits for the same period of time.

HINTS: Are your statements legible? Would your statements make sense to someone who has never done your job? Do your statements answer the questions? Are your statements complete and accurate? A NARRATIVE REPORT FROM YOUR PHYSICIAN IS REQUIRED. Reports on medical forms, such as Form CA-20, are rarely adequate in occupational disease cases.

NOTICE TO COMPENSATION SPECIALISTS AND SUPERVISORS

OWCP needs your help to improve the timeliness of adjudication of occupational disease cases. We have developed checklists to help you and the employee submit a claim in an organized and complete manner. The checklists will help the claims examiner identify what information has been submitted and what is still outstanding.

Whenever an employee wants to file a claim for occupational disease or illness, please give him or her:

1. Form CA-2, Federal Employees' Notice of Occupational Disease and Claim for Compensation, and
2. Two copies of the checklist describing evidence required in support of the claim. One checklist is for the employee to mark and return with the completed package. The second checklist is for the employee to take to the physician.

In addition to describing the evidence required from the employee, the checklists describe the information to be submitted by the employing agency. When Form CA-2 and the employee's statements are returned, you are required by instructions on the CA-2 to forward them to OWCP within ten working days. Statements and documents required from the agency should be submitted with the CA-2 whenever possible. Please use the checklist to note what information from the employing agency is enclosed, unavailable or pending. If pending, please give the anticipated mailing date. Agency comments, statements and documentation are essential for the examiner to get a well rounded picture of the employment conditions.

We appreciate your cooperation in this effort.