# Chapter 8

# AGENCY MEDICAL EVALUATIONS

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## INTRODUCTION

The US Department of Defense (DoD or DD) civilian workforce is a critical support entity for the military. DoD civilian workers complement and support military missions around the world in areas such as defense policy, intelligence, finance, acquisition, weapons systems development, and medicine. These employees play a key role in institutional memory, providing an indispensable service amid a climate of frequent military deployments and personnel turnover. The policies that govern DoD civilian personnel originate with the Civilian Personnel Policy/Defense Civilian Personnel Advisory Services (CPP/DCPAS), formerly known as the Civilian Personnel Management Service. In support of the undersecretary of defense for personnel and readiness, the CPP/DCPAS plans and formulates civilian personnel programs, implements policy support, and provides information management services for DoD agencies and military departments. The efforts of the CPP/DCPAS are assisted by the Office of Personnel Management (OPM). OPM supports the president, Congress, executive agencies, and the military with human capital policies in order to reach national strategic goals. Executive Order 13197,[1] signed by President Bill Clinton on January 18, 2001, formalized OPM's authority to require federal agencies, including the DoD, to establish human resource management (HRM) practices consistent with merit system principles. Furthermore, OPM may collect agency workforce information, review the respective agency's HRM programs, and report on their HRM practices.

The DoD has three subordinate military departments: the Department of the Navy (DoN), Department of Air Force (DAF), and Department of the Army (DA). Each military department has established its own human resources agency for the civilian workforce, and these agencies align with CPP/DCPAS and OPM policies and practices. The human resources agencies for each military department are the Office of Civilian Human Resources Services for the DoN, the Air Force Civilian Service for the DAF, and the Civilian Human Resources Agency (CHRA) for the DA. Each agency generally has local offices on major installations belonging to the respective military department. For example, the CHRA has local offices called Civilian Personnel Advisory Centers (CPACs) on every major Army installation. These offices assist with civilian job classification and staffing, recruitment and placement, and management–employee relations. They also support automated HRM systems, employee training and development, and employee benefits including retirement and workers' compensation.

On DoD installations, there are usually three groups of civilian employees who have occupational health requirements. These groups are: General Service (GS) or salaried employees, Wage Grade (WG) or waged employees, and Non-Appropriated Funds (NAF) employees, who are most often involved in morale and welfare employment. Depending on the type of duty, occupational health requirements vary in breadth and depth. Guidance on requirements may originate with the CPP/DCPAS, OPM, DoD, the respective military department, a union, or from other agencies that provide oversight on workplace hazards, such as the Occupational Safety and Health Administration (OSHA), Federal Motor Carrier Safety Agency (FMCSA), and the National Fire Protection Association. When more than one occupational health requirement exists across entities, medical evaluations generally adhere to the most restrictive requirement.

## MEDICAL STANDARDS OF FITNESS AND PHYSICAL EXAMINATION REQUIREMENTS

The main purpose for conducting occupational medical evaluations is for medical clearance: to determine whether workers are medically and physically able to perform the assigned duties without substantial risk of harm to themselves, to others, or to the mission. Another important purpose is for medical surveillance: to determine whether the workplace has caused an injury or illness due to an occupational hazard or exposure.[2] The types of occupational health medical evaluations include (1) preplacement evaluations, which may include baseline medical surveillance or medical certification examinations; (2) periodic evaluations, which may also include medical surveillance or medical certification examinations; (3) personnel policy enforcement evaluations, such as fitness for duty evaluations; and (4) termination medical evaluations. Occupational health providers conduct all of these evaluations.

### Provider–Patient Relationship

Occupational health professionals are necessary for establishing and maintaining a healthy DoD workforce and a safe workplace. Occupational health medical evaluations are mainly administrative in nature and intended for either medical clearance or medical surveillance. The DoD occupational health professional typically does not assume a provider–patient relationship

for the purposes of diagnosis and treatment. Rather, the occupational health provider determines the specific content of medical evaluations and takes into consideration job duties and requirements, environmental factors, legal and regulatory requirements, and any other relevant factors that may impact workplace safety and efficiency. Baseline screening labs or tests may be necessary, particularly for work involving hazardous duties. Because of the special nature of occupational health evaluations, most agencies have established medical standards and physical requirements for certain positions.

**Medical Standards and Physical Requirements**

Medical standards define the minimum health status or fitness level determined to be necessary for safe and efficient performance, such as a minimum level of visual acuity. According to Title 5 of the US Code of Federal Regulations (CFR) 339, Medical Qualification Determinations, agencies have the authority to establish medical standards for which they are the predominant employer (50% or more of the employees).[3] An applicant or employee needs only to meet the minimum standard, but if he or she does not, then the medical evaluator may disqualify the individual for failure to meet medical standards. Medical standards may also specify medical conditions that disqualify an individual from certain jobs.

The established physical requirements referred to in 5 CFR 339.203[3] should be listed in the job description. The medical evaluator may not disqualify an applicant or employee for failure to meet physical requirements. Rather, the medical evaluator must assess the individual's physical limitations and forward a recommendation to the selecting official regarding whether the individual can perform the essential duties of the position.

In addition, 5 CFR 339 specifies OPM's guidance for establishing medical standards and physical requirements pertaining to federal positions. Under 5 CFR 339.301(a), federal agencies are prohibited from ordering a medical evaluation for an applicant or employee unless that individual is applying for or occupying a position that is subject to specific medical standards or physical requirements or is required to enroll in a medical surveillance or certification program.[3] Psychiatric examinations are also prohibited except when (*a*) a psychiatric examination is specifically required for a position with written medical standards or subject to a medical evaluation program; or (*b*) during an authorized medical examination, there is evidence of behavior or actions that may affect the safe and efficient performance of the individual or others. The local civilian personnel officer determines which positions require preplacement medical evaluations. Many GS and NAF positions neither are strenuous nor involve significant hazards or exposures, so most positions do not require a preplacement evaluation. However, most WG positions are considered arduous or hazardous and frequently require both preplacement and periodic medical evaluations. DoD positions that require preplacement and periodic evaluations have specified medical standards and physical requirements (Exhibit 8-1), and it is crucial for the occupational health provider to understand the difference between the two.

Medical requirements may also apply to positions that have unique duties, require motor vehicle operation, involve work performed in a particular environment, or involve certain NAF or WG jobs. Information about such requirements is provided to applicants by the employing agency. Agencies can also require fitness for duty evaluations (discussed below) for workers with established medical requirements.

**Employees with Disabilities: Medical–Legal Considerations**

The Rehabilitation Act of 1973[4] prohibits employment discrimination against any individual in hiring, compensation, and firing actions. It requires employers to hire the best qualified individual, even if that person has a disability. A best qualified individual is considered able to perform the essential functions of the job either with or without "reasonable accommodation" in the workplace. Employers must modify the job or physical work environment to allow the disabled employee to perform the essential job tasks as long as these accommodations do not present an undue hardship for the employer. An undue hardship involves excessive expense, significant difficulty, or conditions in which the essential job tasks cannot be accomplished safely or efficiently.

In conjunction with the Rehabilitation Act, the Americans with Disabilities Act (ADA)[5] states that a qualified applicant or employee with a disability must be reasonably accommodated in the workplace provided it does not cause undue hardship to the employer. Under the ADA, a disability is defined as a physical or mental impairment that substantially limits one or more major life activities; it also applies if an individual is regarded as having a disability or has a record of such disability.[5] Prior to an offer of employment, the ADA prohibits all disability-related inquiries and medical examinations, even those that are job-related. After an applicant is conditionally offered a job, but has not yet begun work, the employer may make disability-related inquiries relevant to the

**EXHIBIT 8-1**

**US OFFICE OF PERSONNEL MANAGEMENT GENERAL SCHEDULE OCCUPATIONS WITH MEDICAL OR PHYSICAL REQUIREMENTS**

| | |
|---|---|
| GS-0006 | Correctional Institution Administration Series |
| GS-0007 | Correctional Officer Series |
| GS-0081 | Fire Protection and Prevention Series |
| GS-0082 | United States Marshal Series |
| GS-0083 | Police Series |
| GS-0084 | Nuclear Materials Courier Series |
| GS-0085 | Security Guard Series |
| GS-0101 | Correctional Treatment Specialist (Department of Justice) |
| GS-0462 | Forestry Technician Series—smokejumper positions |
| GS-0485 | Wildlife Refuge Management Series—positions with pilot duties |
| GS-0660 | Pharmacist Series |
| GS-0664 | Restoration Technician Series |
| GS-0680 | Dental Officer Series |
| GS-1801 | Canine Enforcement Officer (Department of the Treasury) |
| GS-1801 | Surface Mining Reclamation Specialist (Department of the Interior) |
| GS-1811 | Criminal Investigating Series |
| GS-1811 | Treasury Enforcement Agent (Department of the Treasury) |
| GS-1815 | Air Safety Investigating Series |
| GS-1822 | Mine Safety and Health Series |
| GS-1825 | Aviation Safety Series |
| GS-1850 | Agricultural Commodity Warehouse Examining Series |
| GS-1863 | Food Inspection Series |
| GS-1884 | Customs Patrol Officer Series |
| GS-1890 | Customs Inspection Series |
| GS-1896 | Border Patrol Agent Series |
| GS-2152 | Air Traffic Control Series |
| GS-2181 | Aircraft Operation Series |

Reproduced from: US Office of Personnel Management. General schedule qualification policies. May 2, 2014. https://www.opm.gov/policy-data-oversight/classification-qualifications/general-schedule-qualification-policies/#url=Medical-Requirements. Accessed September 30, 2016.

job and review findings from a medical preplacement evaluation. The employer must follow equitable hiring procedures for all individuals entering the same job category when conducting reviews of this nature. A qualified applicant with a disability must satisfy requisite skills, experience, and education for the position with or without reasonable accommodation. When the disability or need for accommodation is not obvious, the employer may ask the individual for reasonable and sufficient documentation pertaining to his or her disability and functional limitations. In most cases, the request may only include medical information related to the disability and the need for accommodation, excluding the individual's entire medical record.

The ADA protects those with disabilities, not impairments, which is an important distinction with respect to function. An impairment is a physical and/or psychological condition that may or may not interfere with the worker's ability to function at a particular job. For example, an administrative employee with a limb amputation may successfully function in an office setting. He or she would therefore be considered to have an impairment. In contrast, a police officer with the same limb amputation would be unlikely to perform all of the essential duties of the position safely. Therefore, he or she would be considered to have a disability.

Clinicians work with a variety of records and patient information in occupational health. Occupational health providers must know the differences between the records, the confidentiality issues involved, and specific rules related to each of the records. Laws that govern the confidentiality of patient records include the Privacy Act,[6] the Health Insurance Portability and Accountability Act (HIPAA),[7] and the Genetic Information Nondiscrimination Act (GINA).[8]

Occupational health practices generate medical records that document care of work-related illnesses and injuries or medical forms that are specific to workplace requirements. These records may include medical and employment questionnaires, job descriptions, preplacement examinations, medical surveillance examinations, biological and other screening results, occupational exposure evaluations, and workers' compensation medical records. Employers may retain employee exposure records, including workplace hazardous exposure monitoring (eg, noise levels, air monitoring); biological monitoring (eg, blood lead level); analytical methodologies related to monitoring results; and safety data sheets.

HIPAA gives employers access to some protected health information if the disclosure is required to comply with laws relating to workers' compensation. HIPAA also allows disclosure per requirements of state or federal laws and regulations. Thus, clinicians should be mindful of confidentiality when recording patient information in occupational medical records. Occupational health clinicians regularly keep personal health information (ie, medical conditions not related to work) separate from exposure records. Certain OSHA standards require employers to obtain written opinions from clinicians performing required medical surveillance examinations. These standards typically state that "the employer shall instruct the physician not to reveal in the written opinion specific findings or diagnoses unrelated to occupational exposure." It is strongly recommended that occupational health providers inform the worker and obtain consent to include personal health information in the employee's work medical file.

Lastly, GINA (2008) prohibits employers and health plans from discriminating based on genetic information, including family medical history.[8] Under GINA, an employer may not request, require, or purchase genetic information or family medical history from job applicants or employees at any time, including the post-offer stage of employment. In compliance with GINA, occupational health best practices avoid questions or questionnaires that pertain to genetic information or family medical history. Most occupational health clinics have taken measures to separate the occupational health record from the rest of an individual's medical record, although this is not an absolute mandate under GINA. In the cases where the main medical record contains job-related information and accessing the main medical record is consistent with business necessity, then the employer may request that the employee sign a release in order to avoid potential litigation. The release should contain warning verbiage pertaining to Title II of GINA, which specifies that any acquisition of genetic information in response to the request will be considered inadvertent.[8]

## PREPLACEMENT AND PERIODIC EVALUATIONS

A preplacement evaluation is conducted for medical clearance, to determine an applicant's ability to safely and efficiently perform duties for a specific job without undue risk to themselves or others. Management needs the examination information in order to make a hiring decision. Preplacement evaluations may be dovetailed with medical surveillance, which is intended to assess employees for health effects from potential occupational exposures. If the applicant or employee will be involved in hazardous work, he or she will usually be enrolled into a medical surveillance program. Baseline and periodic clinical data, such as special labs or medical tests, is gathered as part of the surveillance data. Lab and medical test requirements vary depending on the type of work and pertinent agency regulations. Also, if an agency has an established substance abuse program, medical clearance may include screening for drug or substance use. Ideally, preplacement evaluations are completed before the individual commences work; however, they may be completed within 60 days of assignment unless more stringent requirements exist. Preplacement evaluations may identify individuals who are susceptible to or at higher risk for disease in response to specific occupational exposures. However, employment decisions cannot be based on the individual's susceptibility or potential for developing a disease, injury, or sensitivity. For nonhazardous, non-laborious work, medical evaluations are generally not warranted.

Periodic medical evaluations are intended to provide medical surveillance and are conducted at scheduled intervals, usually occurring annually or less frequently. Periodic medical evaluations are most appropriately conducted for employees in certain arduous or hazardous jobs, such as law enforcement, or work that involves possible exposure to known toxic agents, such as lead. Medical surveillance, when tailored to a specific line of work, helps to identify employees with a pattern of disease or injury that indicates an underlying work-related problem. Screening techniques, such as history questionnaires, lab tests, or medical tests, are most effective when abnormalities in the target organ system are identified at a stage when exposure modification or medical treatment can halt disease occurrence or progression. The worker is likely to benefit from counseling and

**EXHIBIT 8-2**

**OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION REQUIRED MEDICAL SURVEILLANCE IN GENERAL INDUSTRY (29 CFR 1910)**

Subpart H. Hazardous materials
- 1910.120—Hazardous waste operations and emergency response

Subpart I. Personal protective equipment
- 1910.134—Respiratory protection

Subpart Z. Toxic and hazardous substances
- 1910.1001—Asbestos
  - Appendix H. Medical surveillance guidelines for asbestos (non-mandatory)
- 1910.1003—Carcinogens
- 1910.1004—alpha-Naphthylamine
- 1910.1006—Methyl chloromethyl ether
- 1910.1007—3,'-Dicholorobenzidine
- 1910.1008—bis-Chloromethyl ether
- 1910.1009— beta-Naphthylamine
- 1910.1010—Benzidine
- 1910.1011—4-Aminodiphenyl
- 1910.1012—Ethyleneimine
- 1910.1013—beta-Propiolactone
- 1910.1014—2-Acetylaminofluorene
- 1910.1015—4-Dimethylaminoazobenzene
- 1910.1016—N-Nitrosodimethylamine
- 1910.1017—Vinyl chloride
- 1910.1018—Inorganic arsenic
  - Appendix C. Medical surveillance guidelines
- 1910.1025—Lead
- 1910.1027—Cadmium
- 1910.1028—Benzene
  - Appendix C. Medical surveillance guidelines for benzene
- 1910.1029—Coke oven emissions
  - Appendix B. Industrial hygiene and medical surveillance guidelines
- 1910.1030—Bloodborne pathogens
- 1910.1043—Cotton dust
- 1910.1044—1,2-dibromo-3-chloropropane
  - Appendix C. Medical surveillance guidelines for DBCP
- 1910.1045—Acrylonitrile
  - Appendix C. Medical surveillance guidelines for acrylonitrile
- 1910.1047—Ethylene oxide
  - Appendix C. Medical surveillance guidelines for ethylene oxide
- 1910.1048—Formaldehyde
- 1910.1050—Methylenedianiline
  - Appendix C. Medical surveillance guidelines for MDA
- 1910.1450—Occupational exposure to hazardous chemicals in the laboratories

Reproduced from: 29 CFR 1910, 1970. Occupational Safety and Health Standards. https://www.osha.gov/pls/oshaweb/owastand.display_standard_group?p_toc_level=1&p_part_number=1910. Accessed September 30, 2016.

information about his or her occupational hazards, early detection, and appropriate intervention including possible referral to a medical specialty. Medical surveillance is also valuable for population data and studies, even if not directly beneficial to an individual worker. It should be noted that preplacement and periodic medical evaluations generally do not provide overall services for preventive health issues. Preventive medicine services are important but should be considered complementary to job-related medical evaluations. Union contracts may impact the type or frequency of medical evaluations. Medical surveillance examinations may also have a regulatory or OSHA component.

### OSHA-Mandated Medical Surveillance Examinations

OSHA is the main regulatory agency that mandates workplace safety and medical surveillance programs. OSHA standards address construction work, agriculture, maritime operations, and general industry, including blood-borne pathogens, respiratory protection, occupational noise exposure, and personal protective equipment. OSHA-required medical surveillance evaluations are specified in 29 CFR 1910 and referenced in Exhibit 8-2.

### Special Surveillance Programs and Examinations

Other components of medical evaluation that necessitate special or selective history taking, physical examination, or laboratory or medical testing may be established by the respective agency, state or local regulation, union, or other association. These clinical processes are a reflection of the agency's commitment to worker safety. Industrial hygiene and safety personnel also play a key role in ensuring worker safety and communicating valuable risk information about specific workplace toxins, substances, and exposures and the precautions necessary to protect workers. Special workplace programs may include:

- hearing conservation
- vision protection
- respiratory protection
- hazardous substances
- firefighting (physical qualifications are detailed in the National Fire Protection Association Standard 1582, *Comprehensive Occupational Medical Program for Fire Departments*[9])
- law enforcement (American College of Occupational and Environmental Medicine guidance for the medical evaluation of law enforcement officers[10])
- worldwide deployable civilian personnel (personnel who are required to travel to remote, sometimes hostile, areas that may not have comprehensive medical care available)
- personnel reliability program
- Federal Aviation Administration (FAA) exams for pilots, flight crew, and air traffic controllers; FMCSA exams for commercial motor vehicle operators who hold a commercial driver's license

Effective May 21, 2014, FMCSA required medical examiners to be certified. FAA and FMCSA medical examiners must be familiar with the medical standards of fitness set forth by the certifying agency; they become certified by passing a written certification examination.

Employees may develop medical conditions that affect their ability to perform the job. The employee must report the change in health status to the agency, as well as to the certifying medical examiner. This may result in a temporary or permanent medical disqualification depending upon the nature and extent of the work limitations. Workers who do not meet medical requirements may apply for a medical waiver; the FAA and FMCSA decide whether or not to grant the waiver. If an agency grants a medical waiver, the employee may be medically certified and retain their license. If an agency does not grant the waiver, then the examinee may re-apply once the medical condition has resolved.

### Surveillance Examination Content

A focused health and work history, as well as a focused physical examination, are most often appropriate for preplacement or periodic medical evaluations. Generally speaking, a comprehensive physical examination, while helpful for a person's overall health, is not necessary. The occupational health provider should take a medical history based on complaints and risk factors, check pertinent systems, perform a focused physical examination, and, when indicated, order relevant laboratory or medical tests. All findings, whether normal, unique, or abnormal, should be documented. Useful factors to consider for exam content and developing examination protocols include:

- specific job tasks and requirements
- workplace risk factors including exposure to physical, chemical, biological, radiological, and other agents, as well as ergonomic stressors
- personal risk factors
- target organ systems
- public health and safety impact
- legal and regulatory requirements
- employee health promotion and personnel programs
- work history or previous job tasks and requirements
- environmental risk factors, including exposures within the household and from hobbies
- use of personal protective equipment
- allergies
- tobacco, alcohol, and illicit drug use
- diet and use of medications, vitamins, herbs, and supplements
- other factors set forth in National Institute for Occupational Safety and Health (NIOSH) Publication No. 79-116, *A Guide to Work-Relatedness of Disease*[11]

Elements from a general physical examination that may be tailored to a focused exam include:

- vital signs (pulse rate, respiratory rate, blood pressure with appropriately sized cuff, temperature, pain level)
- height, weight, body mass index, general appearance, mental status
- dermatologic system
- eyes, ears, nose, throat, mouth
- endocrine system, including thyroid
- cardiovascular system
- peripheral vascular system
- respiratory system
- gastrointestinal system
- genitourinary system
- musculoskeletal system
- neurological system
- psychiatric screen (if appropriate)

**Medical Tests and Procedures**

The following medical tests or procedures may be performed as part of a brief or comprehensive physical examination.

***Laboratory Tests***

Laboratory tests, as relevant to the employee's line of work, should be obtained when either specified as mandatory by agency regulation or deemed necessary by the occupational healthcare provider. Blood tests may include a complete blood cell count, a basic or comprehensive metabolic panel, hepatic function, blood levels of particular substances, or other tests as indicated. Urine tests may include a standard urinalysis, a spot or random urine collection, or a 24-hour collection. Testing laboratories must be accredited by the College of American Pathologists, certified as a Medicare provider, or an active participant in the Clinical Laboratory Improvement Program of the Centers for Disease Control and Prevention or the American Association for Clinical Chemistry.

***Vision and Eye Tests***

Vision tests include color perception, corrected and uncorrected near and far visual acuity, depth perception, and peripheral vision. Color vision results must indicate the type of test used and the number of screens correctly identified compared to the number tested. When an employee has less than a perfect score on a panel of color vision tests, the ability to at least distinguish red, green, and amber may be specifically required depending on the governing agency. In other cases, such as for law enforcement evaluations, the Farnsworth dichotomous test for color may be required. If the employee requires corrective lenses such as glasses or contacts while at work, both corrected and uncorrected vision are usually assessed. The employee must bring his or her own glasses or contacts as well as supplies for contact removal and storage. Visual acuity should be recorded in a Snellen fraction (eg, 20/20). Depth perception should be recorded in seconds of arc, and the type of test utilized should be noted. Peripheral vision should be recorded in degrees on a lateral plane, both nasal and temporal, for each eye (eg, R nasal: 45°, R temporal: 90°, L nasal: 40°, L temporal: 85°).

***Audiogram***

Baseline and periodic audiograms should be conducted using equipment and test locations that meet OSHA regulations as specified in 29 CFR 1910.95.[12] Testing personnel should be certified by the Council for Accreditation in Occupational Hearing Conservation or trained in the use of a microprocessor audiometer. Ideally, audiograms should be performed in an American National Standards Institute (ANSI) approved booth (ANSI S3.1-1977) with equipment calibrated to ANSI standards (ANSI S3.6-1973). If a booth is unavailable, the test room sound pressure levels should not exceed those specified in the OSHA noise regulations (29 CFR 1910.95 App D[12]), as follows:

> Rooms used for audiometric testing shall not have background sound pressure levels exceeding those in Table D-1 (below) when measured by equipment conforming at least to the Type 2 Requirements of American National Standard Specification for Sound Level Meters, S1.4-1971(R1976), and to the Class II requirements of American National Standard Specifications for Octave, Half-Octave, and Third-Octave Band Filter Sets, S1.11-1971 (R1976).

**TABLE D-1: MAXIMUM ALLOWABLE OCTAVE-BAND SOUND PRESSURE LEVELS FOR AUDIOMETRIC TEST ROOMS**

| Octave-band center frequency (Hz) | 500 | 1000 | 2000 | 4000 | 8000 |
|---|---|---|---|---|---|
| Sound pressure level (dB) | 40 | 40 | 47 | 57 | 62[12] |

Hearing thresholds for each ear should be recorded separately at each of the specified frequencies. If the employee wears hearing aids, testing should be

conducted *without* the hearing aids unless the position's medical standards permit their use. The use of hearing aids during audiogram testing should be documented on the audiogram report.

### *Chest Radiograph*

Chest x-rays or other radiographs should be done when specified and required by regulation. Radiographs should be ordered routinely, conducted by a qualified radiographic technician or radiologist and read by a radiologist. Radiographs taken to evaluate possible effects of asbestos or silica exposure must be read by a certified "B-reader" radiologist (a radiologist certified by NIOSH as demonstrating proficiency in accurate and precise classification of pneumoconioses on radiographic imaging). The radiologist's report should be filed in the employee's occupational health record.

### *Pulmonary Function Test*

A pulmonary function test (PFT) or spirometry should be conducted when an employee has a known or potential exposure above the action level of regulated agents that affect the respiratory system, such as asbestos, benzene, coke oven emissions, cotton dust, ethylene oxide, and formaldehyde. The PFT may also be used to evaluate the effects of exposure to agents that can cause occupational asthma and for other lung disorders when clinically indicated. The PFT may also be administered to evaluate an individual's ability to work safely while using a respirator. Personnel administering the PFT should have successfully completed a NIOSH-approved spirometry course. The parameters that should be tested and documented are usually forced vital capacity (FVC), forced expiratory volume in 1 second ($FEV_1$), $FEV_1$ as a percent of FVC ($FEV_1$/FVC), forced expiratory flow between 25% and 75% of the vital capacity ($FEF_{25\%-75\%}$), and peak expiratory flow (PEF). Most modern machines automatically calculate expected levels based on the client's age, height, gender, and race (sometimes), and may even track interim changes and trends for the same individual. Spirometry test results can demonstrate patterns of either obstructive or restrictive pulmonary disorders and allow for interpretation of the severity of the condition.

### *Electrocardiogram*

Electrocardiograms (ECGs) should be standard 12-lead recordings and may be automated or manual. A written interpretation of the ECG by a credentialed healthcare provider trained in ECG analysis should be included in the person's record. ECGs are helpful in establishing a person's baseline health status; however, they have limited value as a cardiovascular screening tool in asymptomatic individuals.

### *Exercise Stress Test*

An exercise stress test (EST) should be done when it is either specified as mandatory in regulation or has been deemed necessary by the occupational healthcare provider. An EST must be conducted by or under the direction of a credentialed healthcare provider with demonstrated training in ESTs and interpreted by a cardiologist. Generally, the EST is a graded, symptom-limited test using the Bruce protocol.

### Documentation

Documentation requirements of the medical evaluation vary depending on agency medical–legal considerations, the types of forms in circulation, and local recordkeeping practices. For example, the CHRA currently has evaluations recorded on an Office Form (OF) 178, *Certificate of Medical Examination*, and a DD 2807-1, *Report of Medical History*. For DA NAF applicants, a DA Form 3437, *Certificate of Medical Examination*, is required. The CPAC office forwards the OF 178 or DA Form 3437 to be completed to the occupational health provider with a current copy of the job description detailing physical requirements and environmental factors. For healthcare services external to the occupational health practice, procedures must be taken to ensure maximum medical record confidentiality and security.

## PERSONNEL POLICY ENFORCEMENT EXAMINATIONS

Personnel policy enforcement examinations are conducted under special circumstances to determine if a worker continues to meet medical standards and conditions of employment. Examples of these types of examinations are post-employment drug screening, work-related injury/illness evaluations, fitness for duty examinations, and impairment evaluations.[1] Drug screening programs, although beyond the scope of this chapter, serve as a deterrent to prevent workers employed in safety-sensitive positions from risking workplace safety. If an accident occurs at work, the employee may be required to undergo mandatory drug testing or face removal from the position.

If an employee has a work-related injury or illness, the occupational health professional assists in the proper medical documentation, medical care or referral,

and medical coverage for the individual. Fitness for duty evaluations are formal requests by the supervisor through the civilian personnel office to determine if an employee is medically fit to continue or resume his or her duties. These evaluations may also be referred to as return-to-work examinations. If the worker has been either off work for a health-related reason, usually for 3 days or more, or on duty restrictions for a medical reason, whether work-related or not, then the occupational health provider may evaluate the individual's health status and make a determination of fitness. The provider may recommend that the employee either remain or be placed off work, return to work but with duty or time restrictions, or return to work without restrictions. The provider is not responsible for making employment decisions or for making reasonable accommodations. Rather, the provider advises the employer with respect to:

1. the employee's ability to meet physical requirements, if any, as specified for the employee's position;
2. the employee's ability to physically perform the essential functions of the position with or without reasonable accommodation; and
3. the employee's ability to meet health and safety requirements without posing a risk to himself or herself or to others.

A fitness for duty exam should be as comprehensive as needed to determine if the employee meets the criteria above. Exams can usually be accomplished with the tests available at most clinics: vision tests, audiograms, labs, PFTs, ECGs, and chest x-rays. However, tests should be conducted only when medically indicated and must not be performed for investigative or punitive reasons. The provider should request and review medical documentation from the employee's private healthcare, if any, that is relevant to the identified medical condition impacting the employee's fitness for duty. In cases needing clarification, the provider should interview witnesses or other providers who can attest to the worker's physical performance. If a report is requested by the employee's supervisor or civilian personnel office, it should not contain details about the employee's medical condition. Rather, the report should contain information such as the following:

- reason the fitness for duty exam was requested
- source and nature of the report's information (eg, the workplace, private healthcare, occupational healthcare, interviews conducted with witnesses or other providers)
- whether the employee meets physical requirements, has any accommodation needs, and can perform safely and effectively at work
- suggestions, if any, that may allow the employee to meet job requirements

The provider should document the employee's history and exam in the medical record, for example, in the DA, using an SF 600, SF 78, and current version of the medical history form. If an employee has behavioral problems without an underlying medical cause, it is a job performance issue; the employee's supervisor is responsible for addressing behavioral problems that affect the workplace.

Impairment evaluations are for the purpose of disability rating and are performed to determine if the injury or illness is job related and, if so, the extent of the injury or illness. Impairment evaluations are usually performed for workers' compensation or third-party insurers. The examiner should be a provider who can render an unbiased and objective opinion, and therefore is not involved in the employee's healthcare. When conducting an impairment examination, the provider should render a clearly written report that includes the following:

- diagnosis
- causal relationship of injury/illness
- prognosis
- maximum medical improvement
- permanent impairment
- capacity to work (eg, none, modified duties, part-time, or full duty)
- disability
- appropriateness of care received
- recommendations

In a complicated or contentious situation, the most senior and experienced occupational health provider should perform the impairment evaluation. If the provider disagrees with the appropriateness of care received, he or she must carefully and objectively note the supporting facts and conclusions. These findings may be used to justify a formal request for an independent medical exam (IME). IMEs are conducted when there are litigious concerns or the Office of Workers' Compensation requests clarification. An IME is conducted by a qualified independent medical examiner (a provider specially trained and qualified to perform objective medical evaluations).

## TERMINATION MEDICAL EXAMINATIONS

There are two types of termination medical evaluations: termination of employment and termination of exposure evaluations. A termination of employment examination is designed to assess pertinent aspects of a worker's health when a worker leaves employment. Medical documentation of the examination results may later support or refute a relationship, if any, between a future medical problem and a workplace exposure. These examinations are particularly useful for conditions that have chronic sequelae or long latency periods. For example, Title 29 of CFR 1910.1001(f) requires termination of employment examinations for asbestos workers.[12]

The second type, a termination of exposure examination, is performed when a worker's exposure to a specific hazard has ceased. An exposure may cease when a worker is reassigned, when a job process is changed, to avoid the exposure, or when the worker leaves employment. Termination of exposure examinations are most beneficial when the health effect being screened for is likely to be present at the time exposure ceases. For example, Title 29 of CFR 1910.120(f)[12] requires termination of exposure examinations for hazardous waste operations and emergency response workers.

## SUMMARY

DoD employees play a key role in helping meet mission requirements and provide institutional memory when active duty personnel deploy and rotate frequently. In the introduction, human resource policy and legal authority establishing the OPM and DoD human resources offices were discussed along with the requirements to comply with HIPAA and GINA. The next section reviewed DoD civilian workforce medical standards of fitness and physical examination requirements, including how the examination requirements were established and where the requirements can be found. The section also reviewed how employees with disabilities are handled under the Rehabilitation Act and ADA. In the next section, preplacement, periodic, and termination medical examination requirements were discussed. OSHA-mandated and special surveillance examinations were reviewed, including examination content and medical procedures involved. In the section on personnel policy enforcement examinations, fitness for duty examination procedures were discussed in detail. The last section discussed the rationale and requirements for termination physical examinations.

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