



## Employee Qualification Form

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### Employee Instructions

Request for:

- Requalification     Disqualification



## MEMORANDUM

**TO:** Employees seeking medical disqualification  
**FROM:** Jeffrey Erinoff, DO, MPH  
**DATE:** October 29, 2020  
**SUBJECT:** Process for medical disqualification

Employees seeking medical disqualification must as a minimum submit the following documentation:

- **A brief letter from the employee specifically requesting medical disqualification**
- **History of present illness**
- **Physical findings**
- **All pertinent laboratory, EKG, and imaging results**
- **Diagnosis**
- **Treatment plan**
- **Work-relatedness**
- **Discussion to include employee's progress and compliance with treatment**
- **A completed physical capacity form or residual mental capacity form in the case of mental and nervous system disorders**
- **An estimate of the length of time the employee is expected to be disqualified from their job**
- **Can the employee perform the essential elements of their job with or without accommodations**

Employees need to be aware that a temporary condition from which they are expected to make a full recovery is not necessarily medically disqualifying. Decisions regarding medical disqualification are based solely upon the employee's medical condition and will not be based upon imminent expiration of sick pay or sick leave. In most cases, any employee who has not applied for FMLA for their own serious medical condition is expected to do so.



# PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT

**Patient:**

Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_  
Occupation \_\_\_\_\_ SEPTA Account Number \_\_\_\_\_

DATE OF DISABILITY \_\_\_\_\_

IS THIS DUE TO A WORK RELATED INJURY? ( ) YES ( ) NO Employee Phone # ( )

The information below must be provided. You may use this form or you may substitute or append a narrative report.

**Diagnoses:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Objective findings:** (Include significant physical examination, laboratory, imaging, or other diagnostic findings.) You may substitute or append pertinent results.

**Treatment Plan:** (Include treatment rendered to date. List methods, frequency and duration of planned treatment(s). Specify consultation/referral, surgery, and hospitalization.

**Return to Work Status:** (Physical Capacities Form/Mental Residual Capacities Form is attached and MUST be completed)

- The patient is capable of performing the fully duty requirements of the position without significant risk to the health and safety of him/herself or others  
Effective date of return to work: \_\_\_\_\_
- The patient is capable of performing his/her job with the following restrictions:  
\_\_\_\_\_
- The patient is totally, but temporarily disabled. Anticipated date of full recovery: \_\_\_\_\_
- The patient is totally and permanently disabled

**Primary Treating Physician:** (original signature, do not stamp)

\_\_\_\_\_

Date of exam: \_\_\_\_\_

Phone: \_\_\_\_\_

1234 Market Street, Concourse, Philadelphia, PA 19107  
Phone: 215-580-7128 – Fax: 215-580-3726

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Name: _____ Account/SSN: _____	<b>Southeastern Pennsylvania          Transportation Authority (SEPTA)</b> Medical Department 1234 Market Street Philadelphia, PA 19107 215-580-7128  <b>Residual Mental Capacity Form</b>
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Based on your personal assessment of the patient, please circle the word that best describes his or her functioning in the associated category, using the definitions provided below. Assume that these activities must be performed on a regular and sustained basis (40 hours per week).

<b>None:</b>	There are no limitations on the ability to function in this area.
<b>Mild:</b>	There are limitations on ability to function, but they are mild or transient.
<b>Moderate:</b>	The ability to function in this area is less than marked but more than mild.
<b>Marked:</b>	The ability to function in this area is seriously limited.
<b>Extreme:</b>	The ability to function in this area is precluded.
<b>Not Ratable:</b>	There is no evidence available to rate the ability to function in this area.

1. Difficulty with medication side effects; side effects of psychiatric medications that affect work performance include drowsiness, fatigue, dry mouth and thirst, blurred vision, hand tremors, slowed response time, and difficulty initiating interpersonal contract.

*None                  Mild                  Moderate                  Marked                  Extreme                  Not Ratable*

2. Screening out environmental stimuli: inability to block out sounds, sights or odors that interfere with focusing on tasks, ability to tolerate noise and crowds.

*None                  Mild                  Moderate                  Marked                  Extreme                  Not Ratable*

3. Sustaining concentration: restlessness, shortened attention span, distraction, and difficulty understanding or remembering verbal directions.

*None                  Mild                  Moderate                  Marked                  Extreme                  Not Ratable*

4. Maintaining stamina: difficulty sustaining enough energy to spend at least eight hours at work; combatting drowsiness due to medications.

*None                  Mild                  Moderate                  Marked                  Extreme                  Not Ratable*

5. Ability to perform shift work; ability to work overtime.

*None                  Mild                  Moderate                  Marked                  Extreme                  Not Ratable*

6. Ability to perform safety-sensitive work or to direct others to perform safety sensitive work.

*None            Mild            Moderate            Marked            Extreme            Not Ratable*

7. Ability to function under emergency conditions.

*None            Mild            Moderate            Marked            Extreme            Not Ratable*

8. Handling time pressures and multiple tasks: difficulty managing assignments, prioritizing tasks, and meeting deadlines; inability to multitask work.

*None            Mild            Moderate            Marked            Extreme            Not Ratable*

9. Interacting with others: difficulty getting along, fitting in, contributing to group work, and reading social cues.

*None            Mild            Moderate            Marked            Extreme            Not Ratable*

10. Fear of authority figures: difficulty approaching supervisors.

*None            Mild            Moderate            Marked            Extreme            Not Ratable*

11. Responding to negative feedback: difficulty understanding and correctly interpreting criticism of poor performance reviews; may not be able to separate person from task (personalization or defensiveness due to low self-esteem).

*None            Mild            Moderate            Marked            Extreme            Not Ratable*

12. Responding to change: difficulty coping with unexpected changes in work, such as changes in the assignments, due dates, or personnel; limited ability to tolerate interruptions.

*None            Mild            Moderate            Marked            Extreme            Not Ratable*

13. Performance anxiety such that the individual is rendered emotionally and physically unable to handle stressful work situations.

*None            Mild            Moderate            Marked            Extreme            Not Ratable*

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



PHYSICAL CAPACITIES FORM

Patient Name: \_\_\_\_\_ Account: \_\_\_\_\_ SSN: \_\_\_\_\_

NOTE: In terms of an 8 hour workday. Occasionally equals 1% to 33%. Frequently, 34% to 66%. Continuously, 67% to 100%

I. In an 8-hour workday, patient can (Circle full capacity for each activity)

TOTAL AT ONE TIME

Table with 4 rows (A. Sit, B. Stand, C. Walk, D. Drive) and 11 columns (0-8 hrs).

TOTAL DURING ENTIRE 8-HOUR DAY

Table with 4 rows (A. Sit, B. Stand, C. Walk, D. Drive) and 11 columns (0-8 hrs).

II. Patient can lift:

Table with 6 rows (A-F weight ranges) and 4 columns (NEVER, OCCASIONALLY, FREQUENTLY, CONTINUOUSLY).

III. Patient can carry:

Table with 6 rows (A-F weight ranges) and 4 columns (NEVER, OCCASIONALLY, FREQUENTLY, CONTINUOUSLY).

IV. Patient can use hands for repetitive action such as::

Table with 2 rows (A. Right, B. Left) and 3 columns (SIMPLE GRASPING, PUSHING & PULLING OF ARM CONTROLS, FINE MANIPULATION).

V. Patient can use feet for repetitive movement as in pushing and pulling of leg controls

Table with 3 columns (RIGHT, LEFT, BOTH) and 2 rows (Yes/No).

VI. Patient is able:

Table with 5 rows (A. Bend, B. Squat, C. Crawl, D. Climb, E. Reach) and 4 columns (NEVER, OCCASIONALLY, FREQUENTLY, CONTINUOUSLY).

VII. Patient is able to perform activities involving:

Table with 5 rows (A. Unprotected heights, B. Being around moving machinery, C. Exposure to marked changes in temperature & humidity, D. Driving automotive equipment, E. Exposure to dust, fumes & gases) and 4 columns (NEVER, OCCASIONALLY, FREQUENTLY, CONTINUOUSLY).

VIII. Can patient now work? Part-time (hrs/day) \_\_\_\_\_ Full-time (hrs/day) \_\_\_\_\_ Remarks \_\_\_\_\_

SIGNATURE OF PHYSICIAN: \_\_\_\_\_ DATE \_\_\_\_\_ NAME (PRINT) \_\_\_\_\_ LICENCE NO.: \_\_\_\_\_ PHONE \_\_\_\_\_ ADDRESS: \_\_\_\_\_