



Intra-Office Memorandum

Southeastern Pennsylvania Transportation Authority

Human Resources Division

1234 Market Street, 6th Floor, Philadelphia, PA 19107-3780

Training

Employee Services-
Benefits/Compensation/HRIS/Medical
Services/Project Management

Equal Employment Opportunity/
Affirmative Action/Employee
Relations

Recruitment & Talent Management

Workers Compensation

TO: Employees seeking medical disqualification

FROM: Jeffrey Erinoff, DO, MPH

SUBJECT: Process for medical disqualification

DATE: September 13, 2013

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.

Medical disqualification means that an employee cannot perform the essential elements of their job with or without a reasonable accommodation. Please be sure that your physician or healthcare provider has a copy of your job description in order to determine what elements of your job are considered essential. Requests for job accommodations should be directed to SEPTA's Office of Equal Employment Opportunity/Affirmative Action/Employee Relations.

Failure to provide **all** requested medical information will result in a delay in processing. We recommend that this letter be shared with your physician or health provider in order to avoid any misunderstanding regarding what should be included for review. In the case of IOD and FELA claims, the request for medical disqualification must be initiated by SEPTA's Third Party Administrator and/or SEPTA's Legal Division.

Face to face appointments are unnecessary and information may be mailed to SEPTA Medical or faxed to 215-580-3726. Please be advised that any costs associated with obtaining documentation are the responsibility of the employee.



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-D) and 9 columns (0-8 hrs). Activities: Sit, Stand, Walk, Drive.

TOTAL DURING ENTIRE 8-HOUR DAY

Table with 4 rows (A-D) and 9 columns (0-8 hrs). Activities: Sit, Stand, Walk, Drive.

II. Patient can lift:

Table with 6 rows (A-F) and 4 columns (NEVER, OCCASIONALLY, FREQUENTLY, CONTINUOUSLY). Activities: Up to 5 lbs. to 51-100 lbs.

III. Patient can carry:

Table with 6 rows (A-F) and 4 columns (NEVER, OCCASIONALLY, FREQUENTLY, CONTINUOUSLY). Activities: Up to 5 lbs. to 51-100 lbs.

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

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

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 to:

Table with 5 rows (A-E) and 4 columns (NEVER, OCCASIONALLY, FREQUENTLY, CONTINUOUSLY). Activities: Bend, Squat, Crawl, Climb, Reach.

VII. Patient is able to perform activities involving:

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

VIII. Can patient now work? _____ Remarks: _____
Part-time (hrs./day) _____
Full-time (yes) _____

SIGNATURE OF PHYSICIAN: _____ DATE: _____
NAME (PRINT): _____ LICENSE NO.: _____ PHONE: _____
ADDRESS: _____