

**HBK EL-505, INJURY COMPENSATION, DECEMBER 1995**  
FORMS

OWCP Form CA-35E

Evidence Required in Support of a Claim for  
Work-Related Skin Disease

**U.S. Department of Labor**  
Employment Standards Administration  
Office of Workers' Compensation Programs



IF YOU ARE FILING A CLAIM FOR A SKIN CONDITION, THIS CHECKLIST DESCRIBES THE INFORMATION NEEDED FROM YOU AND YOUR EMPLOYING AGENCY. 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 employment factors you believe responsible for your condition, to include: <ul style="list-style-type: none"> <li>a. Specific type of exposure.</li> <li>b. Frequency and duration of exposure.</li> <li>c. Protective equipment used to guard against exposure.</li> </ul>		6. Review and comment on the employee's statements provided in response to questions 1–5. Comment on the exposure claimed, providing any available information about the trade name and/or chemical content of the suspected irritants.	
2. Describe any exposure to skin irritants outside the work environment, including the type, duration and frequency of exposure.		7. Provide a day-by-day listing of leave and leave without pay used due to this condition.	
3. Describe any previous skin conditions from the time they began through the present.		8. Attach copies of the employee's: <ul style="list-style-type: none"> <li>a. SF-171, Application for Employment.</li> <li>b. Position description with physical requirements.</li> <li>c. Pertinent dispensary records.</li> <li>d. Copies of all physical examinations on file.</li> <li>e. Most recent SF-50, Notification of Personnel Action.</li> </ul>	
4. Provide treatment records from any physicians who have provided treatment for any skin conditions.			
5. Attach or forward a medical report from your current physician to include: <ul style="list-style-type: none"> <li>a. History of exposure.</li> <li>b. Findings.</li> <li>c. Diagnosis.</li> <li>d. Details of treatment.</li> <li>e. Explanation of the relationship between the findings and exposure history listed in Item no. 1 above.</li> <li>f. Discussion of temporary vs. permanent effect from work exposure.</li> <li>g. Work restrictions caused by the condition.</li> </ul>			

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OWCP Form CA-35E (continued)

## 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.

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