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**Fitness-for-Duty Program
Policy Directive and Policy Guide**



**Federal Bureau of Investigation
Human Resources Division
0735DPG**

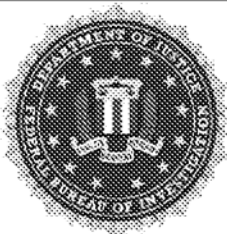
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FEDERAL BUREAU OF INVESTIGATION
POLICY DIRECTIVE

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5. Date of Last Renewal.

11/8/2017

6. Authorities:

- 6.1. Title 5 United States Code (U.S.C.) Section (§) 3301, Civil service; generally
- 6.2. 5 U.S.C. § 7901
- 6.3. Title 5 Code of Federal Regulations (CFR) Part 339, Medical Qualifications Determinations (2012)
- 6.4. 28 CFR Part 16 subpart D, Protection of Privacy and Access to Individual Records Under the Privacy Act of 1974 (Department of Justice [DOJ] Privacy Act Rules) (2012)
- 6.5. Public Law (Pub. L.) No. 100-71 503, codified at 5 U.S.C. § 7301 note
- 6.6. Executive Order (EO) 10450, *Security Requirements for Government Employees* (Apr. 27, 1953)
- 6.7. EO 12968, *Access to Classified Information* (Aug. 2, 1995)
- 6.8. DOJ Order 3011.1A, *Compliance with the Privacy Requirements of the Privacy Act, the EGovernment Act, and the FISMA* [Federal Information Systems Management Act] (Mar. 6, 2007)

7. Purpose:

The purpose of this policy is to promulgate the Federal Bureau of Investigation's (FBI) *Fitness-For-Duty* [FFD] *Program Policy Guide*.

8. Policy Statement:

The *Fitness-for-Duty Program Policy Guide* identifies Bureau positions that are subject to FFD requirements and explains the operation of the program. All employees subject to FFD requirements must adhere to the *Fitness-for-Duty Program Policy Guide*. Individuals hired for, or serving in, positions subject to FFD requirements must submit to a medical examination prior to entry on duty (EOD), and periodically thereafter, to enable the FBI to assess the ability of these individuals to perform or continue to perform those functions essential to their positions in a safe manner. In addition, an employee whose behavior has an adverse impact on the ability to perform the essential functions of his or her job and calls into question his or her ability to continue to hold a security clearance may also be subject to a psychological evaluation.

9. Scope:

This policy applies to all FBI employees hired for, or serving in, positions subject to FFD requirements.

10. Proponent:

Human Resources Division

11. Roles and Responsibilities:

The roles and responsibilities of employees affected by this policy or vested with the responsibility to supervise employees subject to this policy are set forth in the *Fitness-For-Duty Program Policy Guide*.

12. Exemptions:

None

13. Supersession:

13.1. Policy Directive (PD) 0471D, *Fitness-for-Duty Program*

13.2. *Fitness-for-Duty (FFD) Program Policy Guide*, 0471PG

14. References, Key Words, and Links:

14.1. Key words:

14.1.1. Fitness for duty

14.1.2. Physical exam

14.1.3. Psychological

14.1.4. Mental health

14.1.5. Physical evaluation

14.1.6. Fitness-for-Duty Program

15. Definitions:

See the *Fitness-For-Duty Program Policy Guide*.

16. Appendices, Attachments, and Forms:

16.1. *Fitness-For-Duty Program Policy Guide*

16.2. Required FD and SF forms are available on the [Forms Portal](#):

16.2.1. FD-277, "Return to Duty" (routing form used for transmission of medical documents)

16.2.2. FD-839, "Authorization for Disclosure of Medical Information"

16.2.3. FD-866, "Fitness for Duty (FFD) Examination" (contractor/vendor evaluation form)

16.2.4. FD-866a, "Quality Assurance Monthly Check-Off Form for Completed Exam"

16.2.5. FD-899, "FBI Hazardous Materials Response Physician's Report"

16.2.6. FD-900, "FBI Hazardous Materials Response Respiratory Medical Evaluation Questionnaire"

16.2.7. FD-943, "FBI Fitness For Duty Periodic Exam" (periodic exam authorization form)

16.2.8. FD-944, "FBI Hazardous Material Response Team Initial" (HAZMAT initial exam authorization form)

16.2.9. FD-945, "FBI Applicant Exam Authorization" (applicant exam authorization form)

16.2.10. FD-947, "FBI Hazardous Material Response Team Periodic" (HAZMAT periodic exam authorization form)

16.2.11. FD-948, "Limited Duty Certification" (medical restrictions)

16.2.12. FD-949, "DOS for Overseas Duty" (Department of State exam authorization form)

16.2.13. FD-963, "FBI Pilot Exam" (pilot exam authorization form)

16.2.14. FD-964, "FBI Commercial Driver Exam" (commercial driver exam authorization form)

16.2.15. FD-965, "FBI Hazardous Device School Exam" (hazardous device school exam authorization form)

16.2.16. FD-966, "FBI Diver NOAA/Navy Dive Medical Evaluation Form" (dive exam authorization form)

16.2.17. FD-980, "Tuberculin Skin Test 'Self Read' Instructions"

16.2.18. FD-1045, "Post-Travel Medical Questionnaire"

16.2.19. FD-1045a, "Consent To Sharing Of Health-Related Information In The Event Of A Significant Health-Related Crisis While Performing Or Permanently Stationed With Someone Performing Official FBI Business Overseas"

16.2.20. FD-1046, "FBI Exam Form for Detailee to Other Agencies" (Detailee Exam authorization form)

16.2.21. FD-1065, "Report of Medical History"

16.2.22. FD-1076, "Vendor Site Evaluation Form"

16.2.23. FD-1093, "Report of Medical Examination"

16.2.24. FD-1097, "Federal Bureau of Investigation Hazardous Devices School Physical Capacities Form" (medical form needed by FBI Hazardous Devices School)

16.2.25. DS-6561 U.S. Department of State NON-FOREIGN SERVICE PERSONNEL AND THEIR FAMILY MEMBERS

Sponsoring Executive Approval	
Name:	James Turgal
Title:	Assistant Director, Human Resources Division
Stakeholder Executive Approval	

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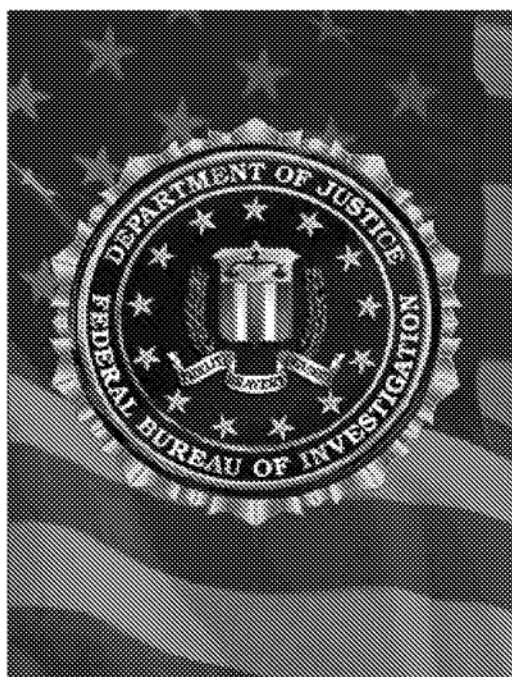
Name:		Valerie Parlave
Title:		Executive Assistant Director, Human Resources Division
Stakeholder Executive Approval		
Name:		Kevin L. Perkins
Title:		Associate Deputy Director
Final Approval		
Name:		Mark F. Giuliano
Title:		Deputy Director

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General Information

Questions or comments pertaining to this policy guide can be directed to:

Federal Bureau of Investigation Headquarters (FBIHQ), Human Resources Division (HRD)

Division point of contact: Office of Medical Services (OMS), Health Care Program Unit (HCPU)

Supersession Information

This policy guide supersedes Policy Directive 0471D, *Fitness-for-Duty Program*, and the *Fitness-for-Duty Program Policy Guide*, 0471PG.

This document and its contents are the property of the FBI. If the document or its contents are provided to an outside agency, it and its contents are not to be distributed outside of that agency without the written permission of the unit listed in the contact section of this policy guide.

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1. Introduction

1.1. Purpose

This policy guide (PG) sets forth the policies, procedures, roles, and responsibilities related to the Human Resource Division (HRD), Office of Medical Services (OMS), Health Care Programs Unit's (HCPU) Fitness-for-Duty (FFD) Program and serves as the definitive record of procedures to which Federal Bureau of Investigation (FBI) personnel must adhere.

1.2. Background

The mission of HCPU is "to promote, protect, and ensure the health of the workforce so it can successfully complete the operational mission of the FBI." The FFD Program is responsible for managing the health-related operational risks of the FBI workforce. This is accomplished through various subprograms and functions that include applicant and on-board periodic FFD examinations, specialty examinations, annual health reviews, psychological FFD reviews and evaluations, medical profiling, and mandates programs. The FFD Program also encompasses medical surveillance for federally mandated programs, such as bloodborne pathogens and hearing conservation; for specific exposure monitoring, as required by the Occupational Health and Safety Administration (OSHA) (e.g., lead and other real or potential exposures); and for job-specific medical certifications, such as hazardous materials (HAZMAT), Hostage Rescue Team (HRT) Dive, Department of Transportation (DOT) commercial drivers, and Federal Aviation Administration (FAA) certifications for aircraft pilots.

The program's purpose is to assess FBI employees' abilities to perform the essential functions of their jobs, to address operational health issues for all employee positions with FFD medical requirements, and to comply with federal mandates.

1.3. Functions of the Fitness-for-Duty Program

The FBI Headquarters (FBIHQ) FFD Program is run by professional staff assigned within HCPU and the FFD subunit. This includes occupational health physicians, a mental health assessment specialist, regional occupational health program managers (ROHPM), a supervisory nurse, occupational health nurses (OHN), and FFD technicians. The FBIHQ FFD Program and the HCPU ROHPMs provide the oversight and guidance to field office (FO) OHNs, FFD coordinators (FFDC), and applicant coordinators regarding the technical aspects of the FFD Program.

FBI FOs are involved in all aspects of the FFD Program. These functions are accomplished utilizing OHNs in FOs with health services units (HSU), along with administrative support. FOs without HSUs utilize collateral duty FFDCs to support their programs. FFDCs also serve as conduits of medical information to FBIHQ. Applicant coordinators are responsible for the applicant portion of the program in FOs with and without HSUs.

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In FOs with OHNs, FFD examination reports and annual medical history reviews and documentation will be conducted by HSU nurses. Once a review is complete, the exam will be forwarded to the FFD subunit for further evaluation, if indicated. If operational medical concerns remain, the HCPU medical officer will make the FFD determination. In FOs without HSUs, FFDCs review reports and other documents for completeness only and then forward them to the FFD subunit for further processing by FBIHQ OHNs.

1.4. Intended Audience

This PG applies to all FBI employees who are subject to, or involved in, the FFD Program. This includes employees and applicants for special agent (SA) positions and designated professional staff positions, including electronics technicians (ET), investigative specialists (IS), select members of mobile surveillance teams (MST), language specialists (LS—audiograms only), FBI police officers (PO), physical scientists (PS), select telecommunications specialists, HAZMAT physical security specialist personnel (PSS-HAZMAT), forensic canine operational specialists (FCOS), health care workers (nurses, medical officers, physician assistants, and nurse practitioners), health and fitness instructors (HFI), and auto mechanics. In addition, the FFD Program applies to employees assigned to evidence response teams (ERT) and HAZMAT teams. This PG also applies to employees with commercial driver's licenses, FBI pilots, divers, legal attachés (LEGAT), assistant legal attachés (ALAT), and their deployed dependents.

This PG is also intended for those FO and FBIHQ division personnel who have been assigned collateral duties, as designated by senior management, to provide support to the program and to management personnel involved in decisions regarding resource allocation and program compliance issues.

2. Roles and Responsibilities

2.1. Assistant Director (AD)/ Human Resource Officer (HRO), HRD

The AD, HRD serves as the appellate authority for all Medical Mandates Evaluation Board (MMEB) determinations.

2.2. Deputy Assistant Director (DAD), HRD

The DAD, HRD serves as final approval authority for all MMEB recommendations.

2.3. Chief Medical Officer (CMO) (Section Chief [SC]), OMS

The CMO, OMS must:

- Lead and oversee the activities of the HCPU, the Workers' Compensation Unit, and the Employee Assistance Unit (EAU).
- Serve as the chairperson of the MMEB (who can only vote to break a tie).

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2.4. Health Care Programs Unit, HRD

The HCPU must manage the health-related operational risks of the FBI workforce.

2.5. Medical Officer (Occupational Health) The medical officer

(occupational health) must:

- Provide oversight and direction for all medical aspects of the FFD Program, following applicable Office of Personnel Management (OPM), Department of Justice (DOJ), FBI, and HCPU requirements, as well as accepted medical standards and practices.
- Provide clinical guidance and evaluation of credentials for FBI medical staff, contractors, and vendors.
- Collaborate and partner with other medical officers; program managers; nurses; other health care disciplines; and legal and government agencies, as appropriate, for integrated FFD planning, education, interventions, and evaluations of care.
- Review reports, medical evaluations, and other medical documents.
- Consult with management and make determinations concerning an employee's ability to perform essential job functions.
- Conduct research and develop policies for improvements in medical health and issues affecting the operational status of employees.

2.6. Mental Health Assessment Specialist The mental health assessment specialist must:

- Provide oversight and direction for the psychological aspects of the FFD Program, following applicable OPM, DOJ, FBI, and HCPU requirements, as well as accepted professional standards and practices.

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- Provide the technical evaluation of credentials of contracted evaluators.
- Collaborate and partner with mental health professionals in other agencies; Bureau managers; nurses; other health care disciplines; and legal and government agencies, as appropriate, for integrated planning, education, and interventions.
- Review reports, evaluations, and other medical or mental health documents.
- Consult with management and assist in determining the ability of employees to safely perform essential job functions or determine the suitability of those employees with weapons-bearing responsibility.
- Assist the Security Division (SecD) in formulating a determination of any employee's judgment, reliability, and trustworthiness for continued access to national security information.
- Conduct research and develop policies that contribute to improvements in mental health and issues impacting the operational status of employees. **2.7.**

Regional Occupational Health Program Manager The ROHPM must:

- Be responsible for the implementation, operation, evaluation, and oversight of HCPU-directed health programs and for the formulation of regional directives.
- Provide leadership and direction in all phases of FFD examinations, evaluations, and other health matters affecting all on-board personnel and applicants.
- Serve as an authority and advisor for regional health and FFD matters, providing expert guidance to FO management regarding required physical and mental standards.
- Consult and assist in coordinating complex limited-duty cases.
- Facilitate in the follow-up of significant abnormal findings, when needed, particularly in those instances when additional diagnostic evaluation, such as advanced cardiac testing or medical resources are difficult to obtain.
- Act as a liaison to contracted vendors, FOs, and the FFD medical officer.

2.8. Fitness-For-Duty Supervisory Nurse Consultant The

FFD supervisory nurse consultant must:

- Serve as the administrator for the FBI's FFD subunit, which is charged with the coordination and processing of FFD medical reports and documents. This subunit administers medical mandates, special teams, special operational duty examinations, and medical surveillance programs.
- Manage FBIHQ FFD-assigned staff.
- Assist in the development, revision, and implementation of FFD policies.

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- Ensure that FFD medical reports and documents are appropriately reviewed and processed, with regard to determining the medical suitability of personnel.
- Provide advice, monitor, and ensure follow-up on all significant FFD medical problems.
- Monitor and follow up with the medical officer on identified health issues arising from FFD activities.
- Comply with federal statutes, regulations, and guidelines for confidentiality of medical records within the FFD subunit.

2.9. FBIHQ Fitness-For-Duty Occupational Health Nurse

FBIHQ FFD OHN must:

- Provide medical reviews of FFD reports and documents submitted to FFD, including immunization status reviews.
- Provide routine counseling and recommendations for follow-up evaluations based on submitted reports.
- Consult with the medical officer regarding any significant issues having the potential to impact the work status of employees.

2.10. Field Office/FBIHQ Division Occupational Health Nurse

In addition to the duties noted for the FBIHQ FFD nurse, the FO/FBIHQ division nurse must:

- Assume the additional duties of the FFD coordinator in the notification and scheduling of the employees subject to the FFD medical examination or annual review requirement.
- Provide technical reviews of invoices submitted by local vendors. **2.11.**

Nonnurse Fitness-For-Duty Coordinator The nonnurse FFD coordinator must:

- Be appointed by FO/FBIHQ division management.
- Act as the FFD health care technical liaison between the FBI employee, the FBIHQ FFD OHN, and internal and external medical provider(s).
- Be responsible for the notification and scheduling of FFD examinations and annual health reviews for employees subject to FFD requirements.
- Serve as a conduit for all medical reports and documents related to FFD matters between FOs/divisions and FBIHQ.
- Coordinate with the FBIHQ FFD OHN to help facilitate communication and any follow-up activity.

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- Provide technical reviews of invoices submitted by local vendors.

2.12. Fitness-For-Duty Technician The FFD technician must:

- Perform administrative responsibilities in support of FBIHQ FFD OHNs.
- Receive and process submitted documents.
- Ensure that submitted forms and paperwork have been completed appropriately and that all necessary tests have been performed and accurately documented.
- Enter the appropriate information into the medical database that provides a comprehensive medical history of FBI employees.
- Notify the responsible OHN to verify entry of all clinical results or activities and to document OHN reviews.

2.13. Disabilities Program Manager, Office of Equal Employment Opportunity Affairs (OEEOA)

The program manager for the Reasonable Accommodation Program, OEEOA must provide advice to the MMEB during proceedings regarding disabilities program management and must facilitate consideration of an employee's request for reasonable accommodations.

2.14. Office of the General Counsel (OGC) OGC

must provide legal advice to the MMEB.

2.15. Workers' Compensation Unit, HRD

The Workers' Compensation Unit, HRD must provide advice and answer questions from MMEB board members regarding workers' compensation (if an employee's medical condition resulted from a work-related incident).

2.16. Staffing and Position Management Units (SPMU), HRD

The SPMU, HRD must provide assistance, when needed, to the MMEB in identifying an appropriate position for an employee.

2.17. Retirement Unit, HRD

The Retirement Unit, HRD must provide advice to the MMEB regarding possible retirement options for employees, if applicable.

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3. Policies

The *Fitness-for-Duty Program Policy Guide* identifies Bureau positions subject to FFD requirements and explains the operation of the program. All employees subject to FFD requirements must adhere to the *Fitness-for-Duty Program Policy Guide*. Individuals hired for, or serving in, positions subject to FFD requirements must submit to medical examinations prior to their entry on duty (EOD), and periodically thereafter, to enable the FBI to assess the ability of the individuals to perform or continue to perform in a safe manner those functions essential to their positions.

4. Procedures and Processes

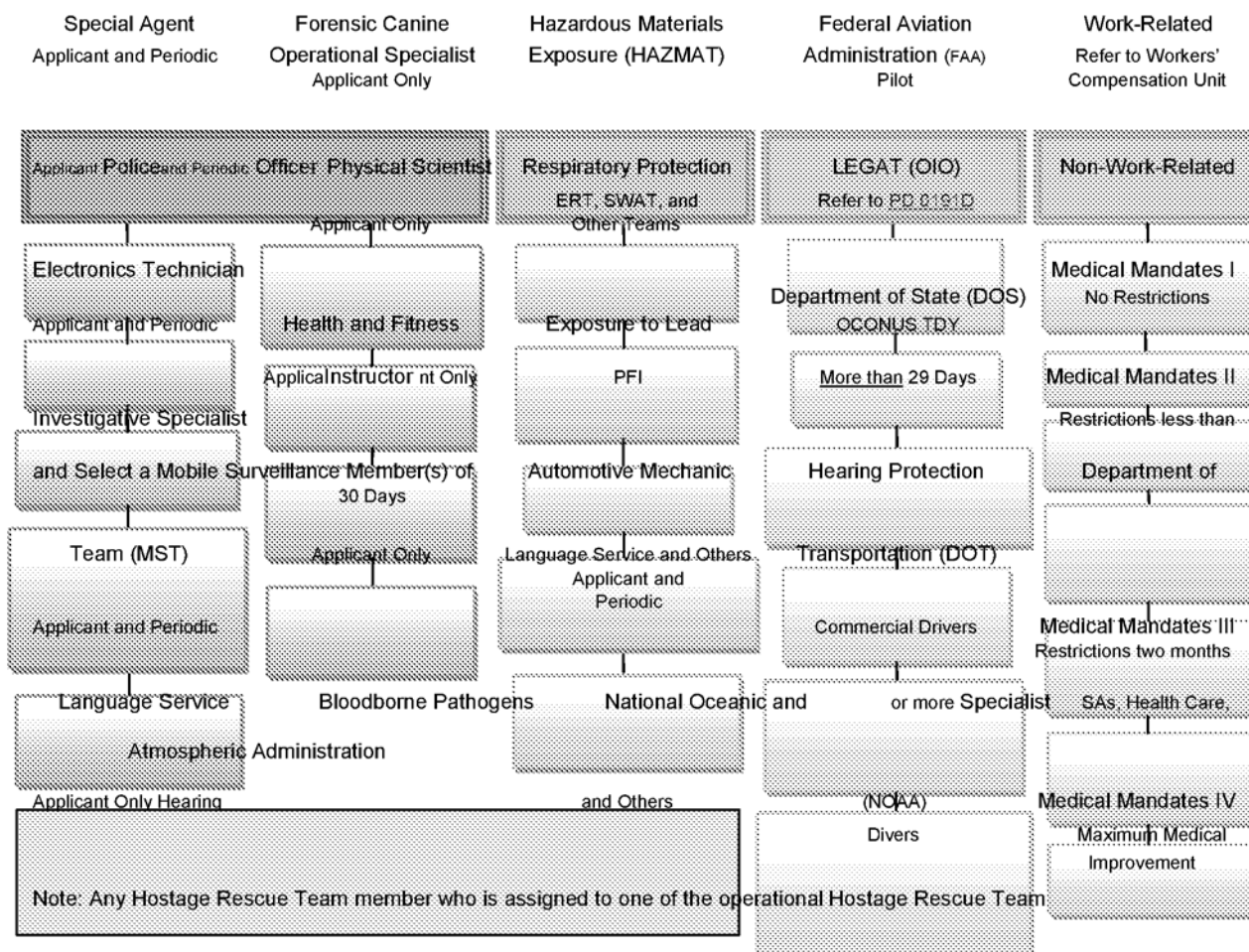
4.1. Fitness for Duty

The FFD medical examination is required for various reasons. Employees and applicants for SA positions and designated specialized professional staff positions are required to have preemployment medical examinations and periodic medical examinations during the course of their tenure to ensure the ability to perform the essential functions identified for their jobs. Certain other individuals are also required to have preemployment and/or periodic medical examinations and medical surveillance, as required by OSHA.

Additionally, special operational requirements may necessitate both preemployment and periodic medical examinations. Finally, specific medical concerns may cause an employee to be directed for an FFD medical examination (described below) or a psychological examination (described in [subsection 4.5](#)). The chart below provides a visual representation of these varied requirements:

Figure 1. Categories of FFD Examinations

FBI Positions Requiring Medical Exams Essential Tasks	Required OSHA Medical Surveillance	Special Operational Positions Requiring	By Specific Medical Concern
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those who will be assigned to these teams upon graduation, must complete an HRT dive teams (presently: Blue, Gold, Silver, and Grey) or new operators in training (NOT) or personnel on an Operational Psychological

physical and a HAZMAT exam. A blanket, two-year DOS clearance will also be obtained. HRT Dive, HAZMAT, and DOS
Teams Examination
(See Note)

4.1.1. Fitness-for-Duty Examinations (Special Agents and Professional Staff with Fitness-For-Duty Requirements)

- Periodic FFD physical examinations will be performed every two years (24 months) from the date of the last FFD examination. An updated "Report of Medical History" (FD-1065) form is required annually, in addition to the one submitted at the time of the periodic examination. Individuals must update their medical history forms by filling in the FD-1065 in its entirety and making one of the following statements in Block 8, "Present Health":
 - "No change in medical condition since previous examination." In this case, the FFD coordinator will route the FD-1065 to the HCPU for updated reporting into the electronic medical record to indicate current FFD status.
 - "Health review needed, change since last examination." The assigned OHN (if none is assigned, the FFD coordinator will send this information to FBIHQ, HCPU, FFD subunit) will clarify, by telephone or personal interview, any significant change in medical condition since the previous FFD examination (potential for interference with essential tasks). The need for, and content of, an interim examination will be determined by this review process, in consultation with an FBI medical officer, as appropriate.
- Exercise stress testing (EST) for SAs will be done beginning at age 40 and repeated at four-year intervals until age 50, at which time it will be done with each subsequent periodic examination. Based upon clinically relevant operational risk factors, testing at an earlier age may be recommended.
- Examinations associated with overseas travel (deployment, Legat assignment, or overseas travel greater than [>] 29 days), detail assignment, HAZMAT duty, and aviation duty will continue to be conducted as indicated by their governing regulations and policies.

4.1.2. Foreign Travel

FBI FFD examinations related to foreign appointments (e.g., Legats) are addressed in Policy Directive (PD) 0191D, "Legal Attaché (Legat) Medical Program."

To ensure coverage of unexpected medical problems by the Department of State (DOS) Medical Program, employees on overseas temporary duty (TDY) assignments of 30 or more consecutive days are required to complete a DOS medical examination and receive a medical clearance prior to proceeding abroad on TDY assignments. Employees subject to this requirement must contact HCPU, FBIHQ for guidance and assistance.

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Employees scheduled for overseas TDY assignments that are less than 30 days per year are required to complete an FD-1065, "Report of Medical History," form if the form has not been completed within the last 180 days. In FOs without nurses, FFD coordinators must send electronic copies of FD-1065s to the FFD OHN in the HCPU FFD subunit for review. If questions of sufficient gravity are raised that require more detailed information, the FFD OHN must attempt to clarify the nature of the employee's current condition and obtain additional history. If a concern still exists, the FFD OHN must consult the FBI medical officer for a review and a recommendation regarding overseas clearance. Followup documentation may be required from the employee's treating physician. Refusal by the employee to cooperate with medical history requirements will result in a medical recommendation of exclusion from overseas travel.

Prior to travel, employees must consult with their FO OHNs or with the FFD OHN (for those FOs without a nurse) or one of the FBIHQ clinics (if assigned to FBIHQ or Quantico) to ensure that country-specific immunizations are current and administered in a timely fashion.

Upon completion of a TDY outside of the continental United States (OCONUS) or a Legat assignment, an FBI employee must complete an FD-1045, "Federal Bureau of Investigation Post-Travel Medical Questionnaire." The FD-1045 must be completed within five days of completing travel and must be provided to the FO OHN, local FFDC, or the ROHPM. OCONUS travelers from FBIHQ should turn in their completed forms to the HCPU post-deployment coordinator in room 6344 of the Hoover Building. FO OHNs, local FFDCs, or ROHPM will also process completed FD-1045s and forward them to the HCPU post-deployment coordinator. Completed original FD-1045s are maintained in the individual FBI employee's Sub-M file.

4.1.3. Preemployment Examination and Periodic Examinations

The positions listed in subsection 4.1. (Figure 1.) require a preemployment physical conducted at an FBI-designated examination facility:

1. Examination scheduling: The processing FO must schedule the applicant's medical examination with a Bureau-contracted medical facility. A medical examination must be scheduled on a timely basis to allow for a thorough review by FBIHQ before an appointment decision can be made.
2. Examination follow-up: The FBI will bear the cost of an initial medical examination; however, it is the responsibility of the applicant to pay for any medical follow-up examinations which, based on the applicant's medical history, are necessary to assist the HCPU in determining the applicant's medical suitability. Once an applicant becomes an employee with an FFD requirement and is asked to provide follow-up information regarding the results of the physical screen with the vendor, the employee must follow up with his or her personal physician. The FBI will not reimburse the employee for fees charged by the personal physician for the follow-up.

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3. Report of medical history: The medical contractor and the processing FO must obtain complete details regarding any medical history listed by the applicant that would bear on his or her medical suitability.
4. Medical clearance: The medical examination and review process will have multiple-level reviews by nurses, physicians, and health care program managers. Each applicant's medical history will be reviewed on a case-by-case basis (an "individualized assessment") as it pertains to the essential job functions of the position for which the individual is being considered. In the case of a periodic FFD examination, the contract physician performing the FFD examination is requested to make an initial FFD decision, but the final medical clearance determination is reserved to HCPU. In the case of an applicant FFD examination, the contract physician IS NOT to make an FFD decision; all applicant FFD determinations are made exclusively by the HCPU.
5. Periodic examinations: Upon employment, professional staff employees in the FFD positions of police officer, electronics technician, and investigative specialist will receive examinations at the same frequency and scope as noted for SAs. An EST will be performed only if required to make an FFD determination when a significant question is raised by the FFD examination, and it must be approved by HCPU. LS and auto mechanic audiometry testing will be conducted every two years. If audiometry testing reveals a threshold shift in the hearing of a language specialist, the Language Services Section must be notified of this development, and the HCPU must provide direction regarding additional testing needed. For auto mechanics, the development of a hearing threshold shift must be reported to the FO administrative officer (AO), and the HCPU must provide direction regarding additional testing needed.

4.1.4. Possible Medical Disqualifiers for Applicants

Vision: Applicants for positions that require the use of weapons must possess uncorrected visual acuity no worse than 20/100 (Snellen) in each eye, with correction to 20/20 in one eye and no worse than 20/40 in the other eye. Individuals unable to meet the 20/100 minimum uncorrected acuity may be considered if they provide medical documentation of the use of soft contact lenses for at least one year without significant problems or adverse events.

Color Vision: The Ishihara or a similar color-vision plate test is used to screen applicants for color vision, specifying the name of the test, how many plates were used, and how plates many were correctly identified. Substandard performance on a screening test is followed by the Farnsworth D-15 color vision test. This must be successfully completed for entry into positions requiring color vision, namely: SA, FBI PO, MST member, IS, ET, PS, FCOS, and HAZMAT operations team member.

Hearing: Applicants for FFD positions may be disqualified if found through audiometric testing to have a hearing loss exceeding a 24-decibel average American National

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Standards Institute (ANSI) in either ear in the frequency ranges 1000, 2000, and 3000 hertz. No single reading in that range should exceed 35 decibels, and an applicant may not be accepted if found to have a hearing loss exceeding 35 decibels at 500 hertz or 45 decibels at 4000 hertz. For those applicants who have pure-tone audiometric hearing losses that exceed the FBI's threshold standards, the Bureau will accept the results of specialized hearing-in-noise tests (HINT) as proof of adequate hearing. The HINT evaluates a person's ability to functionally hear human communication in a noisy environment. FBI HINT testing has been specifically designed to assess the hearing needs associated with FBI positions having FFD requirements. Because of this, the Bureau only accepts the FBI HINT as proof of adequate hearing. A passing score is sufficient to allow reinstatement in applicant processing. FBI test locations are available at FBIHQ in Washington, DC; San Francisco, California; and Houston, Texas. All travel-related costs are the responsibility of the applicant.

4.1.5. Authority for Examinations and Related Follow-Up Actions

No FFD medical examination is to be arranged for any individual without prior authorization from the HCPU. The exceptions are the previously described required physicals and audiometry examinations available at FBI-designated examination facilities. Physicals arranged by employees with their private physicians will not serve as substitutes for Bureau-required FFD physicals. The FBI will not pay for any unauthorized physicals or other medical consultations.

4.1.6. Employee Responsibility to Provide Information

An employee undergoing a Bureau examination must, when interviewed by a medical officer, advise the examiner of pertinent physical symptoms and medical history, including any defects or injuries for which he or she may be receiving pensions or compensation awards from the Office of Workers' Compensation Program (OWCP), Department of Veterans Affairs, and the like, in order that the medical examiner may adequately consider this information as it relates to the scope of the examination.

4.1.7. Provision of Information to Medical Examiner

The medical examiner must be furnished with a copy of the previous "Report of Medical Examination" ([FD-1093](#)) and an [FD-1065](#), "Report of Medical History."

4.1.8. Employee Responsibility to Report Conditions That May Impair

Fitness for Duty

All personnel subject to the FFD policy must promptly notify their special agents in charge (SAC) or division heads and HCPU when they receive treatment, care, or attention from a private physician for a condition that might impair their FFD (ability to safely perform the essential functions of their jobs). Examples include:

- Diabetes mellitus requiring hypoglycemic medication.

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- Coronary heart disease that has been treated, or if untreated, that has been symptomatic.
- Myocardial infarction (heart attack).
- Heart valve replacement.
- Permanent cardiac pacemaker or implanted defibrillator.
- New diagnosis of mental illness.
- Substance dependence or abuse.
- Seizure disorder.
- Disturbance of consciousness without a satisfactory explanation or requiring further evaluation.
- Conditions requiring chronic anticoagulation.
- Conditions requiring chronic use of narcotics, sedatives, or tranquilizers.

Employees must also notify their division heads or SACs and HCPU of any condition manifesting itself to the extent that it impairs their fitness for full duty, even though a physician is not treating the condition. Colds and other minor illnesses need not be made a matter of record.

A commercial driver must immediately notify his or her supervisor if taking a medication, whether a controlled substance or an over-the-counter (OTC) medication, that could impair his or her fitness for duty. Employees must be held responsible for understanding the side effects of any consumed medications and must inform their supervisors of the potential effects of those medications on his or her their fitness for duty.

If an employee with fitness-for-duty requirements has filed a “Report of Injury or Illness” with the Workers’ Compensation Unit, that employee is also required to notify the HCPU FFD subunit when physical/travel restrictions are established by his or her treating physician. The employee must provide the HCPU FFD subunit or FO OHN with periodic physical capability updates every 60 days, or more often if necessary.

4.2. Medical Profile System

The Medical Profile System is a system in which an employee is assigned a particular category based upon his or her current medical status or condition.

The centerpiece of the FBI’s Medical Profile System is the Medical Mandates Program, which outlines the medical, physical, and job-related environmental parameters needed to accommodate an employee’s medical condition or ability to perform essential job functions.

4.2.1. Special Agents and Other Employees with Fitness-for-Duty

Requirements A Bureau medical officer, a Bureau-contracted physician, or a Bureau OHN assigns medical mandates (restrictions) when documentation is received from a private physician, or there is other evidence that an employee has an illness, an injury, or a

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physical or mental condition that precludes or limits the ability to perform the expected duties of his or her position. Documentation of medical restrictions, coordinated with the HCPU Fitness-For-Duty subunit, provides a formal recommendation to the division/FO head.

- The HCPU Fitness-For-Duty subunit will closely follow the condition to effect the proper assignment of medical mandates (restrictions), as well as the removal of medical mandates.
- Nonarduous duties must be designated based on the medical mandates that are assigned to the employee, taking into consideration his or her physical and/or medical capabilities.
- A Bureau medical officer (or designee) must make the final determination as to whether an employee is medically capable of assignments involving raids, arrests, and the use of firearms.

An SA with assigned medical mandates (restrictions) on the Medical Profile System is permitted to participate in firearms training, provided the agent's evaluating physician is fully familiar with the agent's condition; is aware of the nature of firearms training; and furnishes a written statement to the effect that, in the physician's opinion, such participation would be neither injurious to the agent's health nor dangerous to others. In instances where the evaluating physician does not certify the SA to attend firearms training, and the prospects for future participation become remote due to the agent's condition, the authority to carry a firearm will be handled in accordance with the Training Division's firearms guidelines.

For a Bureau employee with FFD requirements and with conditions that limit his or her performance of duties, HCPU must be advised at least once every 60 days of the employee's condition, unless the condition is such that correspondence that is more frequent is necessary.

When a physician recommends the removal of medical mandates, that physician must submit a medical statement to the HCPU FFD subunit to support the employee's removal from medical mandates, which is subject to approval by an FBI medical officer.

No inquiries or examinations concerning an employee's medical condition or physical limitation may exceed the scope or relevance of the impact of that condition or limitation on the employee's ability, with or without reasonable accommodation, to perform the essential functions of his or her position. The Rehabilitation Act incorporates the confidentiality provisions of the Americans with Disabilities Act, found at Title 42 United States Code (U.S.C.) Section (§) 12112, which prohibits an employer from making inquiries about the medical condition of an employee "unless such ... inquiry is shown to be job-related and consistent with business necessity."

In keeping with the Privacy Act of 1974 (5 U.S.C. § 552a), an employee's medical history, physical examination findings, and laboratory and imaging results must be kept in a separate, strictly confidential record system. The personal medical information must

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only be shared internally, as is necessary for the performance of official duties. Information from an employee's medical file may be shared externally only if the employee has consented to the release or if dissemination meets one of the conditions of permissible disclosure specifically identified in the Privacy Act.

4.2.2. Resident Agency (RA) Offices

RAs under the administrative direction of FOs are frequently staffed with a small number of SAs and professional staff. Accordingly, it is a business necessity that individuals assigned to smaller RAs must be able to perform all essential job functions. Therefore, SAs with assigned Medical Mandates (restrictions) categories III-IV, as described in subsection 4.3.1., should not be designated or continue as senior resident agents (SRA), alternate senior resident agents, or resident agents. Similarly, professional staff employees with fitness-for-duty requirements should not be assigned to RAs if in Medical Mandate (restriction) categories III-IV.

The assigned OHN will ensure that FBIHQ is advised of each instance in which an SA assigned to an RA becomes disabled, is being treated for a disability, or in which there are any questions concerning this disability (regardless of the level of disability). Should an FO recommend retention of RA personnel with Medical Mandates (restrictions) categories III-IV, complete justification must be furnished by division leadership and approved by the SAC/assistant director in charge (ADIC), with comments as to whether a sufficient amount of nonarduous work exists to keep the agent fully occupied, and that there are a sufficient number of agents available to handle emergency assignments. This documentation must be provided to the MMEB for adjudication.

4.2.3. Employees Without Fitness-For-Duty Requirements

The FBI frequently seeks to identify volunteers for TDY assignments located OCONUS. Such TDY assignments may be to locations with austere conditions and/or may have limited medical support availability. Employees who volunteer for such TDY assignments may not have preexisting fitness-for-duty requirements, but may have medical conditions that would impact upon their selection for certain TDY assignments. Subsection 4.1.2. of this policy guide provides details on medical examination requirements associated with temporary or permanent OCONUS assignments.

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4.3. Medical Mandates Program (MMP)

The MMP is designed to enable the FBI to identify and monitor employees in positions associated with FFD requirements with medical conditions or physical limitations that may impair their ability to perform functions essential to their positions. Employees may become subject to the MMP as a result of (1) self-identification, including the provision of medical information from a personal physician; (2) supervisory request, based on observed limitations that affect an employee's ability to perform essential functions of his or her position or objective concerns that an employee may pose a direct threat to himself or herself or others; or (3) conclusions reached following an FFD examination.

4.3.1. Categories

Medical conditions that render any incumbent Bureau employee (whether SA or professional staff) unable to perform essential functions of the position held may be short-term or long-term in nature. Similarly, a serious medical diagnosis or physical limitation may require recurrent screening for potential problems of assignment. The following system categorizes restrictions into levels of immediacy and follow-up. There are four levels:

1. **Medical Mandate I (MM-1):** No specific physical activity restrictions are present, but the medical condition requires additional scrutiny before assignment to locations with austere conditions and/or medical support availability. Examples would include an employee with a well-controlled seizure disorder, diabetes mellitus, or the presence of previously treated and stable coronary artery disease. Those designated with MM-1 conditions will have a travel flag placed in Medgate for FBI medical personnel screening prior to departure for overseas travel. If a travel flag is present, HCPU must evaluate the medical risk and medical support profile for the destinations to ensure supportability. An employee with excessive risk will be identified by HCPU to the appropriate ADIC/AD/SAC for an administrative determination regarding the mission-critical nature of the proposed travel against the perceived operational safety risk.
2. **Medical Mandate II (MM-2):** A medical condition has been identified that restricts essential job functions for more than 30 days, but is expected to be resolved within a reasonable period, with no permanent limitations of those functions. Examples include a required surgical procedure or recovery from a serious injury such as a broken leg or hip.
3. **Medical Mandate III (MM-3):** A serious medical condition or physical limitation of prolonged and uncertain duration such that the condition has not reached maximum medical improvement. Examples include cancer diagnoses requiring continuing therapy to reach hopeful stabilization or improvement or physical injuries that require rehabilitation. Unless extenuating circumstances warrant a

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longer period of time, the maximum period for which an employee may be placed in this category is 12 months, after which time the employee must either be removed from the MMP (because the medical condition or physical limitation has been resolved) or be placed into the Medical Mandate IV category.

4. **Medical Mandate IV (MM-4):** A medical condition or physical limitation that is considered permanent; has reached maximum medical improvement; and prevents the employee from fulfilling an essential function of the job, with or without reasonable accommodation. Examples include paralysis or nonrecoverable loss of major organ (heart, kidney, or liver) function.

4.3.2. Medical Mandates Program Entry

An employee may become subject to the MMP through:

- Self-identification, by voluntarily supplying information from a personal physician.
- Supervisory request, based upon observed limitations that are affecting the employee's ability to perform the essential functions of his or her job or based upon objective concerns that the employee may be a direct threat to self or others.
- Identification in conjunction with a regularly scheduled FFD examination. As noted in subsection 4.2.1., inquiries and/or examinations may not exceed the scope of a medical condition's effect on the employee's ability, with or without reasonable accommodation, to perform the essential functions of the job without posing a direct threat.

For SAs and professional staff employees with FFD requirements, a "Limited Duty Certification" form (FD-948) must be submitted to the HPCU when an illness or injury results in the employee's inability to meet his or her official position's physical requirements for more than 30 days. The FD-948, completed by the employee's physician, will specify the duty restrictions necessary because of the illness or injury.

4.3.3. Medical Mandates Process

If an FFD question is raised after review of the medical documentation by the occupational health nurse or after referral by a supervisor, the HCPU medical officer must provide direction regarding work capabilities and medical follow-up. If the submitted information is insufficient for the required review to be completed, the medical officer must notify the OHN responsible for the employee's division of assignment and for direct attention to specific questions remaining in the case.

4.3.4. Maximum Medical Improvement Determination

Maximum medical improvement is a prognostic statement explaining that medical treatment has fulfilled its likely benefit to an individual, such that remaining limitations are considered permanent. The employee's personal physician may make a determination

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of maximum medical improvement by specialty consultation related to an FFD examination or by lack of progress in treatment for a prolonged period, as determined by the FBIHQ medical officer reviewer and by the MMEB.

4.3.5. Notice and Referral to the Disabilities Program Manager

For FBI employees with FFD requirements, when maximum medical improvement is reached with ongoing conditions or disabilities that limit their ability to perform the essential functions of their positions, the employees must be notified in writing by HCPU. Notification must include an explanation of the MMEB procedures and the employee's rights. Such notification must allow 45 days for an employee to consult with his or her physicians and attorneys of choice, at the employee's own expense. The FBI must furnish the employee, upon his or her request, the opportunity to review the materials upon which the FBI has relied in placing the employee in Medical Mandate IV. The notice will also include a referral to the OEEOA Reasonable Accommodation program manager if the employee should choose to pursue consideration of a reasonable accommodation.

4.3.6. Bureau-Requested Fitness For Duty

At the Bureau's discretion, in order to clarify medical factors in a case, the employee may be ordered, pursuant to Title 5 Code of Federal Regulations (CFR) § 339.301, to undergo an FFD examination at the Bureau's expense. The examination will focus on questions raised by the medical officer, but generally will include the current diagnosis, prognosis for recovery, continuing treatment, and whether or not the employee has reached maximum medical improvement. As noted in subsection 4.2.1., examinations will not exceed the scope of a medical condition's effect on the employee's ability, with or without reasonable accommodation, to perform the essential functions of the job without posing a direct threat. Failure of the employee to comply with the FFD examination and/or to provide requested medical information may be considered insubordination subject to appropriate administrative action.

4.3.7. Reasonable Accommodation

For employees whose positions or assignments are subject to FFD requirements, the OEEOA Reasonable Accommodation program manager may, upon receiving a request for reasonable accommodation (with supporting documentation), forward the information to HCPU for additional medical review and to the OGC. For SAs, once the medical and legal consultations are complete, the case will be scheduled for MMEB review, as deemed necessary.

4.4. Medical Mandates Evaluation Board

The MMEB was established in 2003 to assist in the personnel management of SAs whose health conditions or injuries have reached maximal medical improvement and have resulted in the long-term inability to meet the essential tasks of their positions. While the

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MMEB deals with SAs, professional staff positions (i.e., ET, IA, FBI police officer, automotive mechanic, PS, HFI, FCOS, and language service specialist) requiring such actions are usually resolved, in consultation with the community program manager, through the Reasonable Accommodations Committee under the OEEOA.

4.4.1. Composition and Appointment of Members

MMEB must be composed as follows:

- MMEB chairperson: The chairperson of the MMEB must be the FBI CMO. The chairperson is responsible for providing administrative oversight of the MMEB. Voting members of the MMEB will include the appointed management personnel from FBIHQ and FOs, including supervisory special agents and professional staff personnel managers familiar with the essential functions of the position held by the employee under review. The chairperson is considered a nonvoting member, except in the instance of a tie. The deputy assistant director (DAD), HRD must appoint voting members.
- Management personnel from FBIHQ, including SSAs and professional staff personnel managers: FBIHQ SA representatives to the MMEB must be SCs nominated by their division heads. For deliberation of cases involving professional staff positions with FFD requirements, the program managers for the positions (or designees) will be appointed as voting members at that time.
- Management personnel from FOs, including SSAs and professional staff personnel managers: Field representatives must include the assistant special agent(s) in charge (ASAC) from nearby FOs and/or designated field supervisor(s).
- FBIHQ division heads and FO heads: Each year, FBIHQ division heads and nearby FO heads are requested by HCPU to nominate primary and alternate MMEB representatives. The DAD, HRD selects a minimum of ten voting members, designating primary and alternate members to serve for the calendar year.
- Occupational medicine medical officer: The HCPU medical officer responsible for occupational medicine must serve as administrative deputy to the chairperson. The individual in this position is not a voting member of the board.
- Nonvoting advisors to the MMEB: Permanent, nonvoting advisors to the MMEB are the OEEOA Reasonable Accommodation program manager, the FBIHQ medical officer(s), a fitness-for-duty nurse, a representative of OGC, the unit chief (UC) of the Workers' Compensation Unit (if the subject employee's medical condition resulted from a work-related incident), and representatives from the unit(s) within HRD that oversee staffing and retirement benefits. The presence of these individuals is not required to hold a meeting.

4.4.2. Role of the Health Care Programs Unit in the Medical Mandates

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Evaluation Board Process

- Prepare a synopsis of the essential medical details of the case for review by the MMEB, including evidence regarding maximum medical improvement and persistent medical limitations.
- Copy and distribute case summaries to MMEB members and advisors for review at least three duty days prior to each meeting.
- Distribute detailed clinical documentation and supervisory performance reports to members during deliberations.
- Prepare and maintain official minutes of each MMEB meeting.
- Prepare electronic communications (EC) and letters to employees regarding results of MMEB decisions.

4.4.3. Term of Appointment

MMEB members must serve for a one-year period and may be reappointed for additional one-year terms.

4.4.4. Medical Mandates Evaluation Board Timing and Quorum

Meetings are held on the first Thursday of each month, as necessary, or at the call of the chairperson. A quorum consists of three voting members, the chairperson, and permanent advisors or their designees.

4.4.5. Report of Medical Mandates Evaluation Board Findings

After determining by vote whether or not an employee is capable of performing the essential functions of his or her position with or without reasonable accommodation, the MMEB must memorialize, in writing (for the DAD, HRD), its findings, rationale, and recommendations as to the appropriate disposition of the case. Voting members and advisors may submit (in writing) dissenting opinions if desired. Upon request, through the FBI's Freedom of Information Act (FOIA) process, documents used by the MMEB in its deliberations must be provided to the employee.

4.4.6. Medical Mandates Evaluation Board Recordkeeping

Medical records pertaining to MMEB cases are kept in both the HCPU electronic system (Medgate) and the official personnel medical subfile (Sub-M). Official notification letters and summaries, as well as MMEB decision letters, are serialized in Sentinel, saved in Medgate, and forwarded to the Sub-M file. Administrative files related to MMEB cases are kept at FBIHQ in HCPU in secured files.

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4.4.7. Deputy Assistant Director, HRD—Review and Disposition

The DAD, HRD must review the MMEB's findings, recommendations, and dissenting views, if any, and must make the final determination as to appropriate action. The possible actions include:

- Approving the findings and recommendations, in whole or in part.
- Rejecting the findings and recommendations, in whole or in part.
- Returning the case to the MMEB for reconsideration after an additional, specified period of observation. HRD must supervise all required follow-up action.

4.4.8. Notification

The DAD, HRD must formally notify the employee, by letter, of the MMEB's findings and recommendations and must include in such notification procedural guidance for appealing the decision of the MMEB. Notification must be signed by the DAD, HRD and mailed to the employee's division/FO head for personal delivery to the employee. Notification must include discussion of the employee's appeal rights, as delineated in subsection 4.4.13, below.

4.4.9. Position Search

The DAD, HRD may request a division head from FBIHQ or an FO to identify a vacant position for which an employee is otherwise qualified that either meets the reasonable accommodation requirements of the employee or does not have any specific medical/physical requirements. If no appropriate position can be identified within the employee's division/FO, the DAD, HRD must refer the matter to the appropriate FBIHQ staffing unit for assistance in identifying an appropriate position.

4.4.10. Position Offer

If an appropriate vacant position is identified, it will be offered by the division/FO head to the employee requiring the accommodation. If the position is outside the employee's previous commuting area, the reassignment will be offered as a cost transfer (i.e., at the FBI's expense). Such considerations are managerial decisions and are not initiated by the employee. As such, these transfers are not limited by the medical hardship provisions of the Employee Transfer Policy Guide (0193PG), but must be approved by the AD, HRD or his or her designee.

4.4.11. Position Acceptance or Denial

Documentation regarding the availability of a position and the employee's decision to accept or refuse an offer must be communicated by EC to the Workforce Planning Unit within HRD.

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4.4.12. Position Unavailable or Declined

If no appropriate position is available, or if an employee declines an offer for an appropriate position, the following actions must ensue:

- The DAD, HRD will propose to terminate the employee from the rolls of the FBI for nondisciplinary reasons due to the employee's inability to perform the essential duties and responsibilities of his or her position, with or without accommodation. If the employee is retirement-eligible, the employee may choose to retire in lieu of being terminated.
- The DAD, HRD will encourage the employee to file for disability retirement and will offer assistance to the employee in the form of a retirement counselor assigned to HRD if the employee is not retirement eligible.
- The employee may file a claim with the OWCP, United States Department of Labor (USDOL) if he or she believes the medical condition or physical limitation was precipitated by work or is in any manner work-related.

4.4.13. Appeal Procedure

An employee may appeal the final determination of the DAD, HRD to the AD, HRD. Appeals must be made within 30 days of the employee's receipt of notification of the final determination. The employee may include additional, relevant written submissions with his or her appeal papers for consideration by the AD, HRD. **4.4.14.**

Responsibilities of FBIHQ Division and Field Office Heads

FBIHQ division heads and FO heads must make a good faith effort to assist employees who, upon receipt of reasonable accommodations, assume new Bureau positions. Division/FO heads must also be responsible for assisting those who are removed from the rolls of the FBI by providing, among other things, offers of service from the FBI's EAU and assistance in applying for retirement (if eligible), disability retirement, and/or workers' compensation, if appropriate.

4.4.15. Reinstatement

Former employees terminated because of medical conditions or physical limitations that were not compensable injuries are not entitled to reinstatement as a matter of right. Nevertheless, any such former employee who has recovered from the medical condition or physical limitation that caused his or her separation from the FBI may request to be considered for reinstatement. Such requests must be accompanied by medical documentation describing the employee's recovery and ability to perform the essential functions of the position for which the employee seeks to be rehired.

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4.5. Psychological Fitness-for-Duty (PFFD) Process

4.5.1. Background

The HCPU at FBIHQ manages the Psychological Fitness-for-Duty Program. The program assesses an employee's physical and psychological fitness to perform the essential functions of his or her position safely, and assists SecD in making determinations as to the employee's ability to hold a security clearance, which is a condition of employment.

The FBI is permitted by law¹ to order psychological evaluations of employees subject to fitness-for-duty requirements. Psychological fitness-for-duty evaluations (PFFDE) are authorized when employees exhibit otherwise unexplained irrational, bizarre, or aberrant behavior or conduct that (1) prevents them from suitably performing the essential functions of their positions, and/or (2) calls into question their judgment, reliability, or trustworthiness to maintain their access to national security information. **4.5.2.**

Evaluation Process Information and Determination Phase

Employees subject to 5 CFR § 339.301 whose conduct or behavior adversely impacts the ability to suitably perform essential functions of the job or causes concern related to trustworthiness or other security clearance issues, may be subject to administrative remedies, referral for PFFDEs, and referral to the EAP. One or more of these processes may occur concurrently.

Similarly, employees not covered by 5 CFR 339.301, but whose conduct or behavior causes concerns related to trustworthiness or other security issues, may be subject to administrative remedies, referral for PFFDEs as part of a security investigation pursuant to Executive Order (EO) 12968, and referral to the EAP. One or more of these processes may occur concurrently.

The decision as to appropriate action(s) must be made by the employee's upper management (i.e., an ADIC, SAC, or division head) in consultation with the SC of the Internal Security Section (ISS) of SecD and the UC of the Analysis and Investigations Unit (AIU), SecD; the CMO; and/or the UCs for the HCPU and the EAU.

Upon deciding to refer an employee for consideration of a PFFDE, the ADIC, SAC, or division head may consult with the HCPU PFFD program manager prior to submitting an EC. The EC must include documentation regarding the individual's alleged aberrant behavior, past and current performance, and specific details causing the request for a PFFDE. Upon receipt of the information, HCPU must review the clinical records, private physician's records, and/or therapist and hospital records. HCPU must also review the

¹ The Bureau's authority to mandate such evaluations is derived from 5 CFR § 339.301; Executive Orders 12968 and 10450; *Adjudicative Guidelines for Determining Eligibility for Access to Classified Information* (December 2005); and Public Law 100-71, Section 503.

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employee's most current medical examination results. The review of this material is to determine whether there is a medical explanation for the behavior or conduct at issue. For SAs and other employees with fitness-for-duty requirements, the CMO is authorized to order a psychological evaluation. For employees who do not have fitness-for-duty requirements, HCPU will notify the ISS, AIU, and they will collaboratively determine whether a PFFD is justified based on security clearance concerns.

In cases where trustworthiness is questioned or another security concern is raised, HCPU must review submitted documentation regarding conduct or behavior and current medical records and must confer with AIU. The AIU must evaluate whether a trustworthiness issue exists, and if so, may request that HCPU conduct a PFFDE.

The criteria for determining the need for a PFFDE are that the identified behavior/conduct is not medically explained and indicates a significant defect in the ability of the employee to perform the essential functions of his or her position, particularly when:

1. The employee poses a threat to the health, safety, or physical well-being to self or others.
2. The employee poses a judgment or reliability concern for continued access to national security information.

Behavior that negatively affects the employee's performance or is disruptive to the workplace should first be addressed administratively by the supervisor through the Performance Appraisal System, the Office of Professional Responsibility (OPR), or any other appropriate action available to management. A formal referral to EAP may also be considered by management. In addition, if the employee's behavior is not consistent with the interests of national security, documentation must be submitted to the AIU and HCPU. Such behavior would include:

3. Conduct suggesting that an employee is suicidal or homicidal.
4. Conduct suggesting that an employee may not be reliable or trustworthy.
5. Illnesses, including any mental condition that, in the opinion of competent medical authority, may cause a significant defect in judgment or reliability with due regard to the transient or continuing effect of the illness, and the medical findings of such case.

When an employee has been referred for consideration of a PFFDE, management must evaluate the employee's ability to perform the essential functions of his or her position and the likelihood of the employee disrupting the workplace or posing a risk of danger to the health, safety, or physical well-being of self or others. If the employee's behavior is unduly disruptive or constitutes a threat to the health, safety, or physical well-being of others, management must remove the employee from the workplace. In such circumstances, management must immediately contact the FBI CMO and the SC of the

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ISS, SecD to discuss appropriate actions. Leave options available to the employee in these circumstances include AL, SL, or LWOP. Placement of the employee on administrative leave for such purposes must be approved by the HRO. Administrative leave in excess of ten days requires approval from the DOJ. Such approval requests, if needed, will be coordinated by HRD.

4.5.3. Notification Phase

Once sufficient documentation has been obtained and reviewed by the aforementioned managers and mental health professionals, a letter must be sent by the HCPU to the employee advising him or her of the FBI's authority to order a PFFDE and of the date and location for the scheduled evaluation. Failure to report for a required PFFDE is considered insubordination and may result in disciplinary action, up to and including dismissal from the FBI. The letter to the employee must be sent by overnight delivery to the employee's division/FO head, accompanied by instructions for presenting the letter to the employee.

4.5.4. Evaluation Phase

PFFDEs are conducted by licensed mental health providers under contract to the FBI (the employee is usually examined by both a psychologist and a psychiatrist). During the examination, the evaluator is authorized to conduct any physical, psychological, or psychiatric tests deemed necessary and appropriate to evaluate the employee's FFD status fully. The evaluator is required to furnish HCPU with appropriate documentation setting forth the results of the examination. The report must address the following areas corresponding to 5 CFR § 339.104:

- The history of the condition, including references to findings from previous examinations, treatments, and responses to treatment, if appropriate.
- Clinical findings of the mental health status examination and the results of psychological tests.
- A diagnosis, including current clinical status.
- A prognosis, including plans for future treatment and an estimate of the expected period for recovery.
- An explanation of the impact of the employee's psychological condition on his or her general health and activity level, including the basis for any conclusion that restrictions or accommodations are warranted. When restrictions or accommodations are warranted, the report must explain the therapeutic or riskavoidance value likely to result from such restrictions or accommodations.
- An explanation of the medical/psychological basis for any conclusion that indicates the likelihood that the individual is or is not expected to suffer sudden incapacitation (an abrupt onset of loss of control of physical or mental function)

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or subtle incapacitation (gradual, initially imperceptible impairment of physical or mental function, whether reversible or not) by carrying out, with or without accommodation, the tasks or duties of a specific position.

- A narrative explanation of the medical basis for any conclusion that the medical/psychological condition has or has not become static or well-stabilized (a condition that is not likely to change as a consequence of the natural progression of the condition, specifically as a result of the normal aging process, or in response to the work environment or the work itself).

The evaluation must also specifically address any medical or psychological condition that may cause a significant defect in the judgment and reliability of the employee who is entrusted with the protection of national security information.

HCPU must receive the initial verbal report of the findings of the evaluation within 48 hours. A full, written report of the findings must follow within 14 days. After an employee has been notified that he or she has been found unfit to return to duty, the employee must utilize accrued sick leave (SL), annual leave (AL), or leave without pay (LWOP) while receiving treatment. The Voluntary Leave Transfer Program is also an option.

4.5.5. Outcome Phase

The psychological FFD evaluation report is sent to the HCPU for an initial review and recommendation as to the fitness of the employee. If national security issues are a concern, the information will be immediately referred to AIU to determine whether the employee's retention of a security clearance should be reviewed. Otherwise, after review and comment by the CMO, HCPU's EC response must be forwarded to the employee's division/FO head with a summary of the findings and a determination as to whether or not the employee can perform all essential functions of the position, based upon the recommendations contained in the evaluation. Appropriate health and administrative measures could include:

- The employee is found fit to return to duty without limitations or requirements.
- The employee is found fit to return to limited duty, with a diagnosis requiring treatment. Limitations must be specified, and monitoring mechanisms must be imposed, including, but not limited to, private doctor/therapist reports regarding the progress of treatment and the employee's prognosis; HCPU oversight and consultations; and proof of attendance at support meetings, if applicable.
- The employee is found not fit for duty but capable of recovering from his or her current condition. In such an event, HRD must notify the employee of specific requirements that he or she must fulfill prior to returning to full- or limited-duty status. A reevaluation must be conducted when a private doctor/mental health

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professional and HCPU validate that the employee is ready to return to work. This will generally occur within three to six months of the initial PFFDE.

Once the outcome of the evaluation is determined and following consultation between HRD and SecD, HCPU will prepare a letter and send it to the employee. The letter will include the specific findings of the examination and a determination of duty status. If limitations are imposed, the employee must be advised. If the employee signs a medical release of information, a copy of the PFFDE report will be furnished to the employee's private physician/therapist.

4.5.6. Employee Responsibilities with Regard to Psychological Treatment and Use of Prescribed Psychotropic Drugs

Employees who are required to complete an FD-1065, "Report of Medical History," at the time of a required annual medical update or biannual examination or for purposes of medical clearance for overseas travel or special operational duty, must do so truthfully, completely, and accurately. Information relating to treatment for a psychiatric or psychological condition and/or prescribed use of any psychotropic medication must be reported on the FD-1065, which will be reviewed by HCPU. The employee will receive a letter from HCPU requesting documentation from the employee's treatment provider regarding his or her diagnosis, treatment, and prognosis. Response to such a request is required promptly, no more than 30 days after the request. All information must be handled (as is the case with all medical information) in a highly confidential manner by HCPU.

The FBI may consider such information when determining whether an adjustment to an employee's duties is required. Adjustments, if any, must be based on adequate medical documentation and must take into account both the short-term and long-term interests of the FBI and the public. Furthermore, any restrictions imposed on an employee must last only as long as necessary. The HCPU does not seek, nor does the FBI intend, to adversely affect or restrict its employees from seeking professional assistance and medication when required.

Additional information regarding psychological FFD evaluations and the use of prescribed psychotropic drugs can be addressed to HCPU at FBIHQ, room 6344.

5. Summary of Legal Authorities

- 5 U.S.C. § 3301, Civil service; generally
- 5 U.S.C. § 7901
- 5 CFR Part 339, Medical Qualifications Determinations
- 28 CFR 1, Subpart D, Protection of Privacy and Access to Individual Records Under the Privacy Act of 1974 (DOJ Privacy Act Rules) (2012)

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- Public Law 100-71, section 503, codified at 5 U.S.C. § 7301 note
- EO 10450, *Security Requirements for Government Employees* (April 27, 1953)
- EO 12968, *Access to Classified Information* (August 2, 1995)
- DOJ Order 3011.1A, *Compliance with the Privacy Requirements of the Privacy Act, the E-Government Act, and the FISMA* [Federal Information Systems Management Act] (March 6, 2007)
- FBI PD 0504D, *Roles and Responsibilities for Reporting a Data Breach* (October 6, 2008)

6. Recordkeeping Requirements

6.1. Administrative Records

Records related to the administration of the Fitness-for-Duty Program are maintained in accordance with the General Records Schedule (GRS) and is designated under

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6.2. Medical Records

The Sub-M, which is maintained at the Alexandria Records Center (ARC), is the official system of records for all FBI employee medical records. The FBI also uses a database system to enter both medical and statistical data. As this is not considered a system of records, any information entered into the database must be incorporated into the official Sub-M. FOs may elect to establish an unofficial [medical] file, known as a drop file. No original documentation may be maintained in the drop file. Documents must be processed in a timely manner (within ten days of receipt), sending originals to the ARC and entering information into the medical database, as appropriate.

6.2.1. Electronic Records

Electronic medical records are maintained in compliance with the privacy requirements of the Privacy Act, the E-Government Act, and the Information Security Management Act.

6.3. Data Entry

Medical information must be entered into the HCPU's electronic database within ten business days of the activity and/or exam. The original documents must then be forwarded to the ARC, Records Management Division (RMD) for inclusion in the official Sub-M file.

6.4. Confidentiality

Information contained in medical records is protected by the Privacy Act of 1974 (5 U.S.C. § 552a) and Public Law 104-191. These laws prohibit the disclosure or dissemination of protected information to secondary parties without the written permission of the subject or pursuant to certain enumerated exceptions. Any employee who willfully and without prior authorization discloses medical information to any person or agency not entitled to receive it is guilty of a misdemeanor and may be fined or imprisoned.

In keeping with the Privacy Act of 1974, an employee's medical history, physical examination findings, and laboratory and imaging results will be kept in a separate, strictly confidential record system. The personal medical information will only be shared internally as is necessary for the performance of official duties. Information from an employee's medical file may only be shared externally if the employee has consented to

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the release or if dissemination meets one of the conditions of permissible disclosure specifically identified in the Privacy Act.

Any contractor hired to satisfy any part of this program must comply with the confidentiality requirements of this program and with all applicable federal laws, rules, regulations, and guidelines.

6.5. Storage

All medical records will be stored and secured with limited access. This is accomplished most often by using locked filing cabinets, but may also be done using a secured limited access room.

In FOs/divisions with nurses, the medical files must be managed and maintained by nurses. In FOs without nurses, ADICs or SACs (and their designees) are responsible for ensuring that all medical information and documents are handled appropriately, securely stored, separate from other records (i.e., personnel records), and inaccessible to other employees. The SAC may assign an employee to maintain oversight of drop files maintained at the office. It is imperative that employees with access to drop files understand the legal ramifications of this responsibility. For this purpose, nonlicensed personnel must sign a confidentiality agreement with HCPU.

6.6. Release of Medical Information

An employee may obtain a copy of information within his or her own medical drop file through an OHN, a health professional, or through designated personnel, upon presentation of a signed FD-839 medical release form. The signed FD-839 must be retained in the file, and it must be annotated that the information was provided to the employee and/or appropriate user(s).

In the event that questions arise regarding the propriety of the release of medical information, the HCPU fitness-for-duty supervisor at FBIHQ or assigned ROHPM must be consulted for guidance.

6.7. Release of Mental Health Information

In order to protect an employee or others from substantial harm and to prevent the misuse or misrepresentation of psychiatric/psychological data or evaluation reports, mental health records will be released exclusively to qualified, licensed health professionals. An employee may request that a copy of his or her mental health records be sent to a designated health provider upon presentation of a signed "Federal Bureau of Investigation Authorization for Disclosure of Medical Information" (FD-839) form. The signed FD-839 must be retained in the file, and it must be annotated that the information was provided to the employee's designated health professional.

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6.8. Release of Records

All requests for copies of medical information by non-FBI personnel, including FBI applicants and/or former FBI employees, must be directed to RMD.

6.9. Transfer of Medical Documents for Review by Fitness for Duty FBIHQ

Medical documents subject to review by FFD FBIHQ must be sent in a sealed envelope, Attention: Health Care Programs Unit, FFD, Room 6362.

Personnel sending private, confidential medical information by e-mail must use the appropriate designation and classification marking tools to ensure confidentiality.

Personnel sending private, confidential medical information by fax must also take measures to ensure patient confidentiality.

6.10. Field Office and FBIHQ Division Drop Files

FFD coordinators, division nurses, or HCPU staff may maintain local or drop files (for FBI employees only) for the FO's or clinic's use. Establishment of an applicant's medical drop file or retention of an applicant's FFD exam at the FO is prohibited. In addition, the drop files for onboard employees should contain only copies of the employee's two most recent FFD exams and any other current and/or relevant medical documents. Drop files must not contain original documents.

If a drop file contains original documents, copies may be made for inclusion in the drop file. The information must then be entered into HCPU's electronic database, if appropriate, and the original document must be forwarded to the RMD for inclusion in the official Sub-M file.

All records for FBI employees maintained in a drop file, must be reviewed annually. Superseded or obsolete documents should be destroyed [Disposition authority: GRS, Item 18a].

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Drop files may contain copies the following documents:

- Most recent employee FFD report/exam(s)
- Most recent FD-1065(s)
- Most recent stress test
- Printout of an immunization record from the FBI database
- Blood type
- G6PD (if applicable)
- Allergy records
- Medical mandate records

Drop files must not contain the following records (prohibited activity):

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- PFFD information: These records are maintained at FBIHQ within the files of the PFFD Program.
- Applicant examinations: All applicant examination records must be forwarded to the HCPU FFD subunit/applicant processing.
- Original documents

Drop files must not be transferred between FOs.

When an employee transfers, retires, resigns, or otherwise separates from the FBI, the drop file must:

- Be reviewed to ensure that no original documents have been mistakenly retained. (Originals must be forwarded to RMD for inclusion in the official Sub-M file.)
- Be destroyed in accordance with established guidelines.

6.11. Nonemployee Records

Individual health records for non-FBI employees (maintained at the HCPU FBIHQ and Quantico clinics, the FFD subunit, or in FO HSUs) will be reviewed at the end of each calendar year, and non-FBI employee documents more than five years old will be destroyed [Disposition Authority: N1-65-08-19].

Log-in sheets and checklists used to monitor and track medical status may be destroyed two years after the final entry or two years after the date of the document, as appropriate

[Disposition Authority: GRS 18, Item 17b].

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Appendix A: Sources of Additional Information

- Health Care Program Unit-FFD Intranet site
- Classification 319 Guide, Managing the FBI's Administrative Records
- Records Management Policy Guide, 0769PG • Records

Management (RM) User Manual A-1

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Appendix B: Contact Information

Office of Medical Services Front Office	
Chief Medical Officer	<input type="text"/>
Health Care Programs Unit	
Unit Address:	FBI Headquarters, Room 6344 J. Edgar Hoover Building 935 Pennsylvania Avenue, NW Washington, DC 20535
Unit Chief	<input type="text"/>
FFD Medical Officer	
FFD Supervisor	
Analysis and Investigations Unit, SecD	
Unit Chief	<input type="text"/>

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Appendix C: Acronyms

AD	assistant director
ADIC	assistant director in charge
AIU	Analysis and Investigations Unit
AL	annual leave
ALAT	assistant legal attaché
ANSI	American National Standards Institute
ARC	Alexandria Records Center
ASAC	assistant special agent in charge
CFR	Code of Federal Regulations
CMO	chief medical officer
DAD	deputy assistant director
DOJ	Department of Justice
DOS	Department of State
DOT	United States Department of Transportation
EAP	Employee Assistance Program
EAU	Employee Assistance Unit (Office of Medical Services)
EC	electronic communication
EO	executive order

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ERT	Evidence Response Team
EST	exercise stress testing
ET	electronics technician
FAA	Federal Aviation Administration

FBI	Federal Bureau of Investigation
FBIHQ	Federal Bureau of Investigation Headquarters
FCOS	forensic canine operational specialist
FFD	fitness-for-duty
FFDC	fitness-for-duty coordinator
FO	field office
GRS	General Records Schedule
HAZMAT	hazardous materials
HCPU	Health Care Programs Unit
HFI	health and fitness instructor
HINT	Hearing in Noise Test
HRD	Human Resources Division
HSU	Health Services Unit
IS	investigative specialist
LEGAT	legal attaché

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LS	language specialist
LWOP	leave without pay
MMEB	Medical Mandates Evaluation Board
MMP	Medical Mandates Program
MST	mobile surveillance team
NOAA	National Oceanic and Atmospheric Administration
OCONUS	outside of the continental United States
OEEOA	Office of Equal Employment Opportunity Affairs

OGC	Office of the General Counsel
OHN	occupational health nurse
OMS	Office of Medical Services
OPM	Office of Personnel Management
OPR	Office of Professional Responsibility
OSHA	Occupational Health and Safety Administration
OTC	over-the-counter (nonprescription medications)
OWCP	Office of Workers' Compensation (United States Department of Labor)
PFFD	psychological fitness-for-duty
PFFDE	psychological fitness-for-duty evaluation
PG	policy guide

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PO	police officer
PS	physical scientist
PSS	physical security specialist
RMD	Records Management Division
ROHPM	regional occupational health program manager
SA	special agent
SAC	special agent in charge
SC	section chief
SecD	Security Division
SL	sick leave
SPMU	Staffing and Position Management Units
SRA	senior resident agent
TDY	temporary duty assignment
TD	Training Division
UC	unit chief
U.S.C.	United States Code
USDOL	United States Department of Labor