

Reference Manual 57A

Medical Standards

Program

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Acronyms and Abbreviations

Board	Medical Review Board
DOI	Department of the Interior
DOI MSP	Department of Interior Medical Standards Program (for Wildland Fire)
IME	Independent Medical Evaluation
LEO	Law Enforcement Officer
LESES	Law Enforcement, Security, and Emergency Services
MRO	Medical Review Officer
MSPM	Medical Standards Program Manager
SHRO	Servicing Human Resource Office
WLFF	Wildland Firefighter
WRP	Waiver Review Panel

Chapter 1 – General Medical Standards Program

- 1.1 Overview
 - 1.2 Positions Having Specific Medical Standards
 - 1.3 Medical Review Officer
 - 1.4 Reference Manual Administration, Distribution, and Maintenance
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1.1 Overview

The Office of Personal Management (OPM) requires that agencies establish medical and physical qualifications for individuals entering and retaining positions that primarily perform arduous duties. Director's Order (DO) #57A and Reference Manual (RM) 57A, *Medical Standards*, establish medical standards. Under the National Park Service (NPS) Medical Standards Program, the Service applies these medical qualifications to select positions in which arduous duties are assigned, whether as a primary or collateral duty, whether the employee encumbering a position is in a career, term, or temporary appointment.

Specific medical standards and the Medical Standards Program allow the Service to determine if employees/applicants have any medical condition(s) that would prevent them from performing, with or without reasonable accommodation, the essential functions of the position without posing a significant risk to the safety and health of self or others. The Service must determine if an employee's existing medical condition or health status will be aggravated and/or worsened by the physical demands and/or working conditions of the employee's job or work conditions.

1.2 Positions Having Specific Medical Standards

The NPS medical standards apply to commissioned park rangers, criminal investigators, and those park ranger positions designated for enhanced law enforcement coverage; wildland firefighters, structural firefighters, divers, and firearms instructors, each as part of their collateral responsibilities as amended in their position description.

1.2.1 Law Enforcement Officer (LEO): The Medical Standards Program Manager (MSPM) has oversight of the Medical Standards Program for primary duty commissioned rangers and criminal investigators.

1.2.2 Wildland Firefighter (WLFF): The MSPM works jointly with the Department of the Interior Wildland Firefighter Medical Standards Program (DOI MSP) manager for NPS commissioned law enforcement employees who have a collateral duty as a wildland firefighter. The DOI MSP manager has oversight for all primary duty wildland firefighters.

1.2.3 Structural Firefighter: The MSPM has oversight of the Medical Standards Program for commissioned rangers and criminal investigators with a collateral duty as a structural firefighter, as outlined in NPS Director's Order and Reference Manual 58, *Structural Fire Management*.

1.2.4 Diver: The MSPM has oversight of the Medical Standards Program for commissioned rangers and criminal investigators with a collateral duty as diver, as outlined in NPS Director's Order and Reference Manual 4, *Diving Management*.

1.2.5 Firearms Instructor: The MSPM has oversight of the Medical Standards Program for commissioned rangers and criminal investigators with a collateral duty as a firearms instructor.

1.3 Medical Review Officer

The Medical Review Officer (MRO) has the expertise to review, interpret, and advise, on a case-by-case basis, the medical standards with respect to the essential functions and work conditions of the job. The MRO offers opinions based on current and widely accepted medical standards. The MRO will:

- Consult with and advise the MSPM,
- Review examinations and all medical documentation, and make final determinations,
- Advise the Waiver Review Panel and the Medical Review Board (Board), and
- Provide the MSPM with current medical and technical information regarding specific medical and physical conditions or medical examination procedures relevant to existing or proposed physical requirements or health related personnel management programs for employees.

1.4 Reference Manual Administration, Distribution, and Maintenance

The MSPM is responsible for maintaining and updating this reference manual. The official version of DO/RM-57A is found on *InsideNPS*. Any updates to this reference manual will be outlined on the Medical Standards Program website and announced on *InsideNPS*.

Chapter 2 – Basis for Medical Standards

- 2.1 Establishment of Medical Standards
 - 2.2 Basis for Current Medical Standards
 - 2.3 Reference to Essential Functions and Work Conditions – Charts
-

2.1 Establishment of Medical Standards

Under *5 CFR Part 339, Medical Qualifications Determinations*, medical standards may be established for positions with duties that are arduous in nature. Medical standards are required due to the arduous occupational, functional, and environmental requirements of the positions. The [medical standards](#) (Saladino and Paulson, 2007) for NPS commissioned LEOs are provided to aid the agency MRO and DOI officials in determining what medical problems may hinder the individual's ability to satisfactorily perform their full range of essential duties without undue risk to themselves or others.

Any disease, condition, or impairment not specifically listed in the medical standards, that interferes with the safe, efficient, and expected performance of the essential duties and responsibilities may also constitute grounds for medical disqualification.

The standards will be guided by considerations set forth in *5 CFR Part 339, Medical Qualifications Determinations*. Individualized assessments will be made on a case-by-case basis to determine an individual's ability to meet the performance related requirements of positions covered by the standards. Final consideration and medical determination may require additional medical information and/or testing not routinely required during either the baseline or [periodic medical examination](#).

An applicant unable to obtain a driver's license for any medical reason will not be considered for NPS law enforcement, dive, firefighting, or other arduous duty positions until such time that the condition is resolved and a driver's license has been issued. Regardless of the reissuance of a driver's license, the employee/applicant must meet the medical standards.

Medical standards are intended to serve as a general guideline for the safe placement into and continued work within arduous NPS law enforcement job positions. Each of the medical standards is subject to the clinical interpretation of the condition by the agency MRO. The MRO will incorporate his/her knowledge of the job requirements and environmental conditions in which employees must work when making a final decision.

Applicants for Federal employment, as well as current Federal employees, are presumed to be medically qualified unless there is specific medical evidence they are not. For some positions, specific medical standards or requirements are justified because of the arduous nature of the functions to be conducted or circumstances under which those functions are conducted, the need for a high degree of reliability and safety for employees, and a commitment by the employing agency to maintain a high degree of responsibility for public safety. Medical standards are updated and implemented for law enforcement, diving, firefighting, and arduous duty employee/applicants.

To sustain an agency's decision to not hire, or to impose a job restriction or limitation on an employee, OPM must consider whether the agency has:

- Documented the degree of the applicant's impairment
- Weighed the seriousness of the applicant's medical condition(s)

- Identified medication requirement(s)
- Identified the essential functions the applicant would need to perform at work
- Identified the environmental, industrial, and occupational conditions under which the job tasks or essential functions would be required to be performed
- Considered whether the functional requirements and work conditions would aggravate, accelerate, exacerbate, or permanently worsen any pre-existing medical condition the individual may have

The agency's medical evaluation and clearance procedures are performed in accordance with the following legislative authorities and references:

Laws

- 5 U.S.C. § 3301 (Civil service; generally)
- 5 U.S.C. §3307 (Competitive service; maximum-age entrance requirements; exceptions)
- 5 U.S.C. 552a (Privacy Act of 1974)
- 29 U.S.C. 701-7961 (Rehabilitation Act of 1973)
- 29 U.S.C. 1181 *et seq.* (Health Insurance Portability and Accountability Act of 1996)

Executive Orders

- Executive Order 11478 (Equal Employment Opportunity in the Federal Government), as amended by Executive Order 13087

Regulations

- 5 CFR part 300-Employment (general)
- 5 CFR part 339-Medical Qualification Determinations
- 5 CFR part 842-Federal Employees Retirement System
- 10 CFR 4.101-Definitions
- 29 CFR 1614.203-Rehabilitation Act
- 29 CFR 1910.1020-Access to employee exposure and medical records

Departmental and OPM Guidance

- Part 446 of the Department of the Interior Manual (Law Enforcement)
- Department of the Interior Occupational Medicine Program Handbook (September 2009)
- OPM/GOVT-10 (employee medical file system records) (see 71 Fed. Reg. 35360 *et seq.*)

2.2 Basis for Medical Standards

The NPS arduous duty medical standards are based on the functional relationship between (a) certain medical factors, and (b) the time/work volume, physical requirements, environmental, and physical exposure factors which may be required or encountered in the performance of the duties of law enforcement. The expectation is that an officer who meets these standards will be able to carry out his/her tasks safely and effectively. The following examples convey the relationship between these factors:

The **VISION** standard relates (a) the employee/applicant's need to be able to see well (including binocular vision, visual acuity, depth perception, peripheral vision, and color vision) with (b) the essential functions and work conditions of the employee/applicant. Some vision conditions, including those listed in the standards, may not be compatible with safe and efficient performance of employee/applicant duties under these conditions.

The **HEARING** standard relates (a) the employee/applicant's need to be able to verbally communicate effectively and accurately, and to detect and identify both natural and manmade warning sounds with (b) the essential functions and work conditions of the employee/applicant. Some ear and hearing conditions,

including those listed in the standards, may not be compatible with safe and efficient performance of employee/applicant duties under these conditions.

The **HEAD, NOSE, MOUTH, THROAT AND NECK** standard relates (a) the employee/applicant's ability to move the head without restriction, breath freely, wear personal protective equipment, and communicate clearly with (b) the essential functions and work conditions of a employee/applicant. Some head, nose, mouth, throat, and neck conditions, including those listed in the standards, may not be compatible with safe and efficient performance of employee/applicant duties under these conditions.

The **DERMATOLOGIC SYSTEM** standard relates (a) the employee/applicant's need for intact and healthy skin with (b) the essential functions and work conditions of the employee/applicant. Some dermatologic conditions, including those listed in the standards, may not be compatible with safe and efficient performance of employee/applicant duties under these conditions.

The **CENTRAL AND PERIPHERAL NERVOUS SYSTEM** standard relates (a) the employee/applicant's need for balance, sensation of surroundings and self, rapid reactions, clear and rational thought, and a low risk of sudden or subtle incapacitation with (b) the essential functions and work conditions of the employee/applicant. Some sensory conditions, including those listed in the standards, may not be compatible with safe and efficient performance of employee/applicant duties under these conditions.

The **PSYCHIATRIC/PSYCHOLOGICAL FUNCTION** standard relates (a) the employee/applicant's need for judgment, mental functioning, and social/behavior skills with (b) the essential functions and work conditions of the employee/applicant. Some psychiatric conditions, including those listed in the standards, may not be compatible with safe and efficient performance of employee/applicant duties under these conditions.

The **CARDIOVASCULAR SYSTEM** standard relates (a) the employee/applicant's need for a healthy cardiovascular system, aerobic fitness, and a low risk of sudden or subtle incapacitation with (b) the essential functions and work conditions of the employee/applicant. Some cardiac conditions, including those listed in the standards, may not be compatible with safe and efficient performance of employee/applicant duties under these conditions.

The **PERIPHERAL VASCULAR SYSTEM** standard relates (a) the employee/applicant's need for a healthy vascular system (including a lack of phlebitis, thrombosis, venous stasis, or arterial insufficiency) with (b) the essential functions and work conditions of the employee/applicant. Some vascular conditions, including those listed in the standards, may not be compatible with safe and efficient performance of employee/applicant duties under these conditions.

The **CHEST AND RESPIRATORY SYSTEM** standard relates (a) the employee/applicant's need for a healthy respiratory system and residual aerobic capacity with (b) the essential functions and work conditions of the employee/applicant. Some chest and respiratory conditions, including those listed in the standards, may not be compatible with safe and efficient performance of employee/applicant duties under these conditions. The stated standards of 70% of predicted values for forced vital capacity (FVC) and forced expiratory volume at 1 second (FEV₁), and a ratio of FEV₁/FVC of 70%, are intended as screens for possible further evaluation, not mandatory values. The requirement for agency review when inhalers are used is based on concern regarding the agents or activities in the workplace that may incite bronchospasm and the need for an inhaler (e.g., exercise or arduous exertion, allergens, airborne irritants), and the emergency circumstances that may be occurring at the time an inhaler becomes necessary.

The **GASTROINTESTINAL SYSTEM** standard relates (a) the employee/applicant's need to be able to consume adequate nutrition and calories, and to have a low risk of sudden or subtle incapacitation, with (b) the essential functions and work conditions of the employee/applicant. Some gastrointestinal conditions, including those listed in the standards, may not be compatible with safe and efficient performance of employee/applicant duties under these conditions.

The **GENITOURINARY SYSTEM** standard relates (a) the employee/applicant's need for a healthy genitourinary system and a low risk of sudden or subtle incapacitation with (b) the essential functions and work conditions of the employee/applicant. Some genitourinary conditions, including those listed in the standards, may not be compatible with safe and efficient performance of employee/applicant duties under these conditions.

The **MUSCULOSKELETAL SYSTEM** standard relates (a) the employee/applicant's need for strength, aerobic fitness, flexibility, dexterity, range of motion, and joint stability with (b) the essential functions and work conditions of the employee/applicant. Some musculoskeletal conditions, including those listed in the standards, may not be compatible with safe and efficient performance of employee/applicant duties under these conditions.

The **ENDOCRINE AND METABOLIC SYSTEMS** standard relates (a) the employee/applicant's need for normal body function and maintenance and a low risk of sudden or subtle incapacitation with (b) the essential functions and work conditions of the employee/applicant. Some endocrine and metabolic conditions, including those listed in the standards, may not be compatible with safe and efficient performance of employee/applicant duties under these conditions.

The **HEMATOPOIETIC SYSTEM** standard relates (a) the employee/applicant's need for a healthy blood and blood producing system and a low risk of sudden or subtle incapacitation with (b) the essential functions and work conditions of the employee/applicant. Some blood and blood producing conditions, including those listed in the standards, may not be compatible with safe and efficient performance of employee/applicant duties under these conditions.

The **PROSTHETICS, TRANSPLANTS, AND IMPLANTS** standard relates (a) the employee/applicant's need to work safely and efficiently despite medical conditions that have led to the need for a prosthesis, transplant, or implant with (b) the essential functions and work conditions of the employee/applicant, as summarized in this basis document for the individual body systems for which a prosthesis, transplant, or implant was considered necessary. Individuals with transplants, prosthetics, or implanted pumps or electrical devices will be asked to provide, for agency review, satisfactory documentation from his/her surgeon or physician that the individual (and, if applicable, his/her prosthetic or implanted device) is considered to be fully cleared for the specified functional requirements and work conditions of a law enforcement officer.

The **INFECTIOUS DISEASE/IMMUNE SYTEM/ALLERGIC DISORDERS** standard relates (a) the employee/applicant's need to be free of infectious disease, immune system, or allergy conditions likely to present a safety risk to self or others with (b) the essential functions and work conditions of the employee/applicant. Some immune system/allergic conditions, including those listed in the standards, may not be compatible with safe and efficient performance of employee/applicant duties under these conditions.

The **MEDICATION** standard relates (a) the employee/applicant's need for full physical and mental function and attention and a low risk of sudden or subtle incapacitation with (b) all of the identified essential functions and work conditions of the employee/applicant under the conditions that may be encountered in carrying out those duties. Some medications may not be compatible with safe and efficient

performance of employee/applicant duties under these conditions.

2.3 Reference to Essential Functions and Work Condition – Charts

2.3.1 Essential Functions and Work Conditions of a Commissioned Law Enforcement Officer – See Appendix B; page 40.

2.3.2 Essential Functions and Work Conditions – Wildland Firefighter – See the Department of the Interior Wildland Firefighter Medical Standards Program
http://www.nifc.gov/medical_standards/.

2.3.3 Structural Firefighter – See NPS Director’s Order and Reference Manual 58, *Structural Fire Management*. This also includes reference to NFPA 1582 guidelines for primary duty structural firefighters.

2.3.4 Diver – See NPS Director’s Order and Reference Manual 4, *Diving Management*.

Chapter 3 – Specific Medical Standards Program Guidance

- 3.1 Examinations
 - 3.2 Examination Process and Responsibilities
 - 3.3 Medical Examination Findings
 - 3.4 Management, Maintenance, Confidentiality, and Release
Fitness for Duty, Return to Duty, and Independent Medical Evaluations for Law Enforcement
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3.1 Examinations

3.1.1 Baseline Medical Examination

A baseline medical examination is required after the applicant has accepted a conditional offer of employment, to assure the applicant is medically qualified for an arduous duty position.

The MRO will evaluate each baseline medical examination against the specific medical standard. The MRO will assess the potential effect of any existing medical condition(s) on the employee/applicant's ability to safely perform the full range of duties of the position or to work safely in arduous duty conditions.

No applicant/employee will be deemed medically qualified for a position if the MRO determines that the employee/applicant has a medical condition preventing the employee/applicant from safely performing, with or without reasonable accommodation, the full range of duties of the job.

Most often, a baseline medical examination is administered when an employee/applicant has accepted a conditional offer of employment in their first arduous position covered by the Medical Standards Program (conditional upon a being medically qualified). This data can then be compared to subsequent periodic medical evaluation results for determining whether the individual has any significant health trends that may be occupationally related.

A baseline medical examination may also be administered to an employee who is already in an arduous duty position but has not previously completed an examination under the Medical Standards Program.

Provided all NPS exam requirements are met, a baseline medical examination is not required for law enforcement applicants who are transferring between bureau/offices within DOI and are already included in a DOI bureau/office medical surveillance program in compliance with DM446.

3.1.2 Periodic Medical Examination

The periodic medical examination is required to periodically determine if an employee's medical condition and history are static and stable and that they remain medically qualified to safely perform arduous duties.

A periodic medical examination is administered to employees who have completed a baseline medical examination. It is administered in accordance with a set schedule of periodicity of every 3 years for all employees, regardless of age. Modifications to this schedule may occur. (See Section 3.2.2)

3.1.3 Seasonal Employee

Seasonal employment is annually recurring work periods of less than 12 months each year. Seasonal employees may be permanent employees who are placed in non-duty/non-pay status and recalled to duty in accordance with pre-established conditions of employment.

Seasonal Applicants

A seasonal applicant must undergo a baseline medical examination to qualify to perform arduous duties for the NPS.

- If a seasonal is medically qualified, their periodicity will be the same as a permanent employee, following the same schedule of periodicity, every 3 years from the anniversary of their baseline examination appointment date.
- If the MRO needs further information to make a final determination, the seasonal applicant will have 14 days to submit the requested information. Failure to meet this deadline without a proper extension will result in a finding of “not medically qualified” for arduous duty. This becomes the agency’s final decision.
- The MRO will review the additional information. If the seasonal applicant’s status still does not meet the medical standard(s), then the finding remains “not medically qualified” for arduous duty. This becomes the agency’s final decision.

Returning Seasonals

If an arduous duty returning seasonal employee has a break in service, not exceeding the schedule of periodicity, upon acceptance of a tentative offer (whether permanent or seasonal, conditional upon medical qualification), the returning arduous duty seasonal must sign a Verification of Medical Status form (See Appendix C) from the Servicing Human Resource Office (SHRO) indicating whether there has been a change in their medical condition or history since they last terminated arduous duty employment for the NPS.

- The SHRO will provide a copy of the completed form to the MSPM upon request; the original will be filed at their SHRO.
- A new periodic examination will not be necessary if no significant changes have occurred since the last exam.
- If new medical information is brought forth requiring further review, the MSPM, in consultation with the MRO, may require a periodic examination be completed prior to returning to arduous duty employment.

If an arduous duty seasonal has a break in service exceeding their schedule of periodicity, upon acceptance of a conditional offer of employment (whether seasonal or permanent, conditional based on medical qualification), the seasonal must complete a periodic examination. A baseline examination should not be repeated in these cases.

- If the MRO requests further information in order to make a final determination, the returning seasonal will have 14 days to submit the requested information. Failure to meet this deadline without a proper extension will result in a finding of “not medically qualified” for arduous duty.
- If the returning seasonal still does not meet the medical standard(s) after the MRO review, he/she may request a waiver.

- If the waiver is denied, then the finding remains “not medically qualified” for arduous duty. This becomes the agency’s final decision.
- If a returning seasonal has been granted a waiver, it will be valid until their next medical exam is due, unless specified otherwise in their waiver.

Pursuant to 370 DM 771.1.7R, applicants cannot appeal the medical standards disqualification determinations and are not subject to review by the administrative [grievance](#) procedure.

3.1.4 Exit Examination

An exit examination provides a final baseline to determine the medical status and history of an employee upon separation from full service. An exit medical examination is administered at least 30 days prior to the retirement or departure of a permanent employee from an arduous duty position.

The exit examination is the last opportunity for an employee to receive an agency sponsored medical. The medical findings of this exam do not affect an employee’s retirement or compensation benefits. It is not administered to term, temporary, or other seasonal employees.

3.1.5 Law Enforcement Officer with Collateral Duties

LEO with Additional Wildland Fire Qualifications – A wildland fire additional medical qualification allows a LEO to fulfill the wildland fire medical requirements with one examination, rather than completing another examination under the Department of the Interior Wildland Firefighter Medical Standards Program. A wildland fire examination is administered as a part of the baseline and periodic law enforcement examinations when a law enforcement employee is also a wildland firefighter.

If an employee/applicant is medically qualified to perform arduous duty as a LEO and a wildland firefighter, he/she will continue to follow the periodicity for law enforcement medicals.

LEO with Additional Structural Fire Qualifications – LEOs serving as collateral duty structural firefighters may continue response as a member of an engine company to all hazard emergency incidents as long as they meet their law enforcement medical requirements.

LEO with Additional Diver Qualifications – LEOs serving as collateral duty divers may continue in active status within the NPS Dive Program as long as they meet standards set forth in RM-4, *Diving Management* and meet their law enforcement medical requirements.

Firearms Instructor Medical Qualification – The Firearms Instructor Program requires two additional blood tests (lead and zinc) and an audiogram bi-annually (Firearms Clearance examination).

OSHA Respirator Clearance – This is an additional required qualification. All LEOs must complete an OSHA respirator clearance. There is a separate medical qualification to determine if an employee can safely use a respirator.

3.1.6 Valid Medical Examinations

Valid medical examinations are those medical exams which are completed while the person is employed at NPS. Examinations completed with other agencies or bureaus may not be valid as the employee/applicant was evaluated under different medical standards and different job descriptions.

Employee transfers within NPS: the park hiring the employee from within NPS will not be provided the medical status of an employee until a conditional offer for employment has been accepted.

Medical examinations are valid in accordance with the periodicity of scheduling, within 30 days of the anniversary date of the baseline examination (or last medical appointment date).

A medical examination is considered valid when an employee is determined to be medically qualified to perform arduous duties and may include being medically qualified with a waiver.

If an employee does not have a valid medical examination, they are considered to be “not medically qualified” and they may not perform arduous duties. In accordance with Director’s Order #9, *Law Enforcement Program*, they are required to be medically qualified as one of the conditions for maintaining a law enforcement commission.

3.2 Examination Process and Responsibilities

3.2.1 Park Responsibilities

The park’s Chief Ranger or SHRO will act as a direct source of information for the employee/applicants and the MSPM. The Chief Ranger is ultimately responsible for ensuring the commissioned LEOs at their park are in compliance with the MSP. The park, either the Chief Ranger or the SHRO, will request access to the medical contractor database to request and monitor the medicals throughout the process.

When an employee is due for a baseline, periodic, or exit examination, or other medical standards requirement examination, the appropriate Chief Ranger will assure the employee has scheduled the exam and that the employee attends the exam on work time.

If the employee/applicant fails to complete the baseline or periodic medical examination, the park’s appropriate Chief Ranger will notify the SHRO and the MSPM. The park’s appropriate Chief Ranger will coordinate with the SHRO and the MSPM to remove the employee from their arduous duty responsibilities until such a time as a valid examination is completed.

3.2.2 Set Schedule of Periodicity for Requesting a Medical Examination

The examination process begins upon acceptance of a conditional job offer by an applicant (perm or seasonal). The park will submit a request for a baseline medical examination through the contractor’s database. The park will track and request all subsequent periodic exams for this new employee. The next periodic exam must be completed within 30 days of the 3-year anniversary date of their baseline medical exam. For example, if an applicant’s baseline medical examination was completed on 04/01/2009, then their next periodic medical examination as an employee will be due in 3 years, within 30 days of 04/01/2012, or anytime on or between 03/01/2012 through 05/01/2012. This same target date will continue to be used to determine the examination schedule for the remainder of their careers. The next required exam must be completed within 30 days of 04/01/2015, and so on.

Current long-term employees should use the anniversary date of their last NPS periodic medical appointment on file as their target date to be used every 3 years throughout the remainder of their career.

The MRO may determine and recommend that, due to health or safety factors, the medical evaluation

of an individual employee may require a different schedule, an increased frequency, or additional components for their exam in order to evaluate the medical fitness of the individual to perform the full range of functional requirements of the job.

3.2.3 Tracking of Medical Examinations

- The park can track all steps of the examination process through the contractor's database. The park can see which facility was assigned, when an exam kit was mailed, what time the appointment was scheduled, what medical determination was made, etc.
- When the MRO indicates an employee/applicant does not meet the medical standard(s), the MSPM is notified and, as appropriate, the park.

Note: Confidential medical information is not available on this database; however, general status information is available and listed under Examination Determination.

3.2.4 Steps for Requesting an Exam

The Chief Ranger is responsible for ensuring employees compliance with the medical exam schedule. Exams are requested and monitored through the medical contractor's database. The park, either the Chief Ranger or SHRO should follow the steps below:

1. Request a password by completing the contractor's database access request form. (*Note:* Form must be completed and signed by the Chief Ranger).
2. Fax completed form to the MSPM for approval.
3. MSPM will approve and notify contractor who will complete the setup and inform the new user, via email, of their login username and password.
4. Once the park obtains access to the contractor's database, the park will request an examination for the employee/applicant.
5. Once a request is submitted, the contractor will assign the employee/applicant to a facility and mail out a medical examination packet to the employee/applicant.
6. Employee/applicant will be instructed to complete all forms in the packet and to schedule their appointment with the assigned facility.
7. The park will continue to monitor each exam request and view medical determination information.

After completion of the medical exam, the medical contractor will review the findings and make a determination within 14 days of the actual appointment date. This determination will be posted on the contractor's database for the park to view. The medical contractor will send the employee/applicant a full copy of their medical examination results within 30 days of their medical determination.

Parks are responsible for maintaining all medical determination records in the employee medical file. This can be printed directly from the contractor database. Parks should contact a newly transferring employee's previous park for information related to the employee's current medical status.

3.2.5 Medical Standards Program Manager

Duties of the MSPM include the following:

- Monitor overall compliance of examinations and assure the validity of exams for arduous duty employees.

If these documents are not readily available, the veteran should contact the Veteran's Administration as soon as possible to request the documents and avoid delays in scheduling.

Veterans with a pending evaluation for a rating decision from the Veteran's Administration must have copies of all medical reports dealing with the condition(s) detailed in the claim. Failure to provide this information will indicate the veteran is no longer interested in this position and the medical exam will not be scheduled.

3.3 Medical Examination Findings

Upon completion of the examination and associated additional medical qualifications, the examining medical facility will forward the results to the MRO.

The MRO will review the results of the examination relative to NPS medical standards and the essential arduous duties of the position. The MRO will determine if the employee/applicant meets the medical standards. The MRO's medical determination will be posted on the contractor database for the park to view. The notification of the qualification depends on the qualification received and is indicated under each qualification. The employee/applicant may request their medical status through their park.

If the MRO determines there is insufficient or conflicting medical information or concerns that may affect the employee's ability to safely perform arduous duties, the MRO will inform the MSPM. The MRO may make a recommendation to the MSPM for light duty based on the medical exam. The MSPM will notify the park's Chief Ranger of the urgency of the medical condition that may affect the employee's ability to safely perform arduous duty. This recommendation may result in the immediate removal of the employee from arduous duty responsibilities until the medical issue is resolved. The park's Chief Ranger, in coordination with the SHRO, will decide whether to remove an employee from arduous duty responsibilities.

3.3.1 Medical Qualification Possible Determinations

A Rating: Medically Qualified – No Significant Medical Findings

This determination indicates the employee/applicant meets all the medical standards and has no significant medical condition(s) or concerns that potentially preclude or restrict the safe performance of arduous duties.

No notifications are made to the employee by the MSPM.

The results will be accessible to the park via the online contractor's database. The employee may request their medical status through the park.

B Rating: Medically Qualified – Significant Findings (Vision Only)

This determination indicates that the employee/applicant meets all medical standards with a requirement that the employee must use contact lenses to correct their vision to 20/20 in each eye and carry an extra set of corrective lenses, to be considered medically qualified for uncorrected vision less than 20/100.

No notifications are made to the employee by the MSPM.

The results will be accessible to the park's SHRO or the park's designated program manager via the

- Track each arduous duty law enforcement employee and collateral arduous duty employees through the entire process.
- Act as a direct source of information for employees and parks, and communicate with the MRO, employees, and parks.
- Notify the park through the appropriate Chief Ranger of employee/applicant's non-compliance with the medical standards process.
- Notify the park superintendent or chain of command above the supervisory level when non-compliance of an employee, with the Medical Standards Program, has not been addressed.
- Notify the employee's bargaining unit of appearance before the Board.

3.2.6 Servicing Human Resource Office

The SHRO will assist the park's appropriate Chief Ranger and employees regarding non-compliance or invalid medical examinations. In this capacity, the SHRO will be a direct source of information for employees and parks, and will communicate with the MSPM, the employee, and appropriate Chief Ranger.

The SHRO may track and order baseline, periodic, and exit examinations, as well as other medical standards requirement examinations. The examination will be ordered through the contractor's database.

3.2.7 Employee/Applicant

The employee/applicant will be notified by the medical contractor to schedule their medical examination.

- The examination for an employee must be completed within 30 days of notification.
- The examination for an applicant must be completed within 14 days of notification.

Failure of the applicant to complete the medical examination may result in a conditional offer of employment being withdrawn.

The employee will accurately and completely fill out the examination packet to include work history and provide all documentation requested in the packet.

Failure of the arduous duty employee to attend and complete the medical examination within 30 days of notification will result in the removal of the employee from arduous duty per RM-9, *Law Enforcement Program* until such a time that a valid medical examination is completed.

3.2.9 Compensated Service-Connected Disability

Veterans with a service-connected disability must provide the following documentation to the MSPM two weeks prior to the scheduled exam:

1. Rating Sheet
2. Medical Exam for Disability Evaluation (VA-21-2545) **OR** Rating Decision (VA-21-6796b) **OR** detailed documentation on the diagnosis, treatment, and evaluation of the compensated disability
3. Specialist reports, if any

online contractor's database.

The results of the medical determination with a requirement must be forwarded to the employee through the Chief Ranger's office, by the SHRO, or the park's designated program manager.

C Rating: Not Medically Qualified – Significant Findings

This determination indicates the employee/applicant does not meet the medical standard(s), or has significant medical condition(s) or concerns that may restrict or prohibit the safe and efficient performance of the essential arduous duties of the position.

The employee/applicant is notified of this determination in writing by the MSPM of the MRO's findings regarding to the specific medical standard(s). The MSPM also will notify the park's appropriate Chief Ranger that the employee/applicant does not meet the medical standard(s). This notification may include recommendations for placing the employee on light duty; however, the ultimate decision for placing the employee on light duty is the responsibility of the park.

D Rating: Medical Determination Deferred Pending Further Documentation

This rating indicates that the MRO needs further information in order to make a final determination. The employee is notified of the MRO's recommendation(s) by a letter in the mail. It is the responsibility of the employee/applicant to schedule any appointment(s) or test(s) with their choice of healthcare provider(s) and to ensure that all the additional information is submitted and received by the MRO within 30 days. If this information is not received, the MRO will make a final determination based on the available information.

Unless specifically indicated on the letter from the MRO, any costs associated with any additional recommended testing will be the responsibility of the employee/applicant.

Once the employee/applicant completes further testing, the results will be reviewed by the MRO. If an error was found to have occurred on the initial testing, the employee will be reimbursed.

The supervisor shall provide adequate and reasonable duty time for the employee to assemble the recommended information.

Medically Qualified with a Waiver (see Section 4.1, Waiver Process)

This rating remains listed as a 'C rating' with a waiver posted on file. This determination indicates the employee does not meet the medical standard(s) or has a significant medical condition or concerns that may restrict or prohibit the safe and efficient performance of the essential arduous duties of the position. The employee has requested and been granted a waiver. The employee and their Chief Ranger will receive notification of the results from the MSPM.

Multiple Qualifications

An employee may have multiple qualifications (i.e., wildland firefighter or firearms instructor) and may be found medically qualified for one discipline and not medically qualified for another discipline.

Documentation of all final medical clearances should be printed directly from the contractor's online database and maintained in the employee's electronic official personnel file and commission file.

3.4 Management, Maintenance, Confidentiality, and Release

3.4.1 Management and Records Maintenance

All information in the employee medical file (whether stored in paper, electronic, photographic, or other means) must be considered confidential, and must be maintained in a manner that strictly controls access to the information and assures the safety and integrity of those records. These confidential records may be found in several places, complicating the task of assuring confidentiality and security. Records may be found in servicing human resources, risk management, or other designated NPS offices, or NPS contracted health clinics where services have been provided.

Employee records will be maintained, in accordance with DO #19, *Records Management*, for the period of the employee's services with NPS, and then transferred to the National Personnel Records Center for storage or, as appropriate, transferred to the next employing Federal agency. Access to Board records shall be consistent with the provisions of Title 5 U.S.C. §552, the Freedom of Information Act (FOIA).

When medical services are provided by non-NPS personnel or programs (and commonly in non-NPS facilities), information should be maintained in the employee's personnel folder indicating the provider's name, address, and phone number to facilitate locating and obtaining copies of records at a later date.

3.4.2 Confidentiality/Release of Records

Employees must be provided access to their medical records. This access must be prompt (generally within 15 working days) and present no unreasonable barriers for the employee. If a physician representing the employee believes that direct employee access to certain sensitive information could be detrimental to the employee, the records are to be released to a health professional acceptable to the employee.

Applicable references include the Privacy Act of 1974; 29 CFR 1910.20, Access to Employee Exposure and Medical Records; and OPM/OVT-10, Employee Medical File System Records.

It is the policy of the NPS that all confidential medical information will be handled in accordance with the Privacy Act of 1974 and subsequent amendments.

Without a signed consent from the employee/applicant, no confidential information will be released to, or shared with individuals other than: 1) authorized Occupational Safety and Health Administration (OSHA) officials; 2) health professionals within the NPS-arranged system of care who have a justified, programmatic need to know; and 3) other DOI individuals with a specific, official need to know, as summarized in the Departmental Manual (370 DM 293.4) or the system of records notice for the custodian of the confidential records. The NPS system of care includes the MSPM and contracted health professionals.

DOI has a policy of protecting its deliberative process in order to assure free flow of ideas and candid discussion of alternatives, which are essential to its efficient operation. Therefore, all deliberations and any documents produced from the deliberations of the Board, with the exception of any final decision issued by the Board, are to be kept confidential and may not be disclosed in any legal proceedings without an order from a Federal court of competent jurisdiction.

Attorneys in the Office of the Solicitor may assert the deliberative process privilege without obtaining prior permission from NPS.

3.4.3 Authorization for Disclosure

Employee/applicants who are to receive medical examinations or other non-emergency services (for which any medical or summary information is to be forwarded to recipients other than the employee) will be required to sign and date an Authorization for Disclosure of Information form (a consent form) before any services are provided. The employee must specifically authorize the nature and scope of the information to be released to the agency before the information is released. No medical information, including summary information derived from medical records, may be released to NPS management, or to others, without this signed consent form.

If the employee's medical record is required in whole or part, this must be specifically noted on the employee's consent form.

3.4.4 Refusal to Authorize Disclosure

If an employee does not sign the consent form, clinical services and resultant clearances will be withheld (e.g., to use a respirator, or to perform specified jobs, such as law enforcement, where a clearance is required). The employee's supervisor will be informed so that any appropriate personnel action may be initiated.

3.4.5 Duty of Candor

All employees and applicant submissions are required to be completely truthful. If NPS determines that an applicant has violated this requirement, this violation alone is sufficient to deny the application. In such an event, the employee's supervisor will be informed and disciplinary actions may be taken.

3.4.6 HIV/AIDS

A general consent form to release medical records received by the NPS will not include the release of records dealing with HIV and/or AIDS, or substance abuse diagnosis and/or treatment, unless those subject areas are explicitly included in the signed consent form by the subject individual.

3.4.7 Surviving Spouse

If a request for copies of records is received from the surviving spouse of a deceased employee, the request, and a copy of the requested information, must be sent to the NPS FOIA coordinator for review. The FOIA coordinator will release all information not otherwise privileged or protected by law, statute, or regulation.

3.4.8 Employee's Representative

If a request for copies of records is received from any individual other than the employee or surviving spouse, that person must have been granted power of attorney by the employee. The information may be released if the power of attorney is unrestricted (general power of attorney), or if it specifically covers the information requested. A request for information release under this circumstance must be accompanied by a signed copy of the power of attorney, a copy of which must remain in the medical record along with a summary of which documents were released.

3.5 Fitness for Duty, Return to Duty, and Independent Medical Evaluations for Law Enforcement

3.5.1 Fitness for Duty Examination

A fitness for duty evaluation may be indicated when an employee's ability to perform full function of his/her position is compromised or encumbered by a medical/psychological event, condition, or disorder.

An employee may be required at any time by the MSP to undergo a fitness-for-duty exam. There are two situations that may necessitate a fitness for duty examination:

- If an employee, on his/her own, raises a legitimate medical condition as an affirmative defense for a time and attendance, conduct, or performance deficiency.
- If management has a direct question and demonstrated proof of an employee's continued capacity to safely and effectively meet the physical or medical (including mental health) requirements of their arduous duty position.

It is the employee's responsibility to carry out the functional requirements of his/her job in a professional, efficient, and timely manner. Failure to do so may result in adverse action, up to and including termination. The park must exhaust all performance and conduct issues to the furthest degree prior to requesting a fitness for duty examination. Expert guidance from an Employee Relations representative is highly recommended. If an employee contends that time and attendance, conduct, or performance failure are due to medical causes, it is the responsibility of the employee, at his/her expense, to offer sufficient information from valid and reputable medical sources to substantiate the medical claim that is presented.

Fitness-for-duty exam requests must be submitted to the MSPM in writing through the regional office. This request should include specific examples relevant to the medical standard in question. If the employee does not have a valid or current periodic medical on file, then one may be ordered immediately. The employee may be asked to submit medical documentation relevant to his/her ability to perform safely and efficiently. If the employee refuses to be examined or to submit medical documentation, the agency will act on the basis of the information it has available or action will be taken based on the employee's performance or conduct in light of currently available information or medical knowledge. This may in turn be a management rather than a medical determination.

If the need for a fitness-for-duty exam is warranted, the MSPM will coordinate with the regional office, park supervisor, and/or SHRO in setting up the exam through the medical contractor.

The fitness-for-duty examination results will be evaluated by the MRO, who is responsible for all agency fitness-for-duty work determinations. The MRO will not recommend the employee's return to the arduous duty position if any medical condition is present that may potentially affect the individual's ability to safely perform all the essential functions of the job. The MSPM will send the final determination notification to the park/region.

3.5.2 Return to Duty Examination

If an employee has been absent from work or placed on a restricted duty status due to a significant medical condition, the employee must be found medically qualified through the Medical Standards Program in order to return to full duty status. The employee is required to submit recent medical information from their personal physician and/or complete a return to work/periodic exam prior to

release to full duty status. The MSPM, in coordination with the MRO determines how the employee can go about completing the return to duty process.

The employee must have a current periodic medical examination on file prior to returning to work. If not, the periodic medical examination may be considered the return to work evaluation and must be ordered immediately. If there is a current periodic medical examination already on file, the employee may be required to submit information from their personal physician, at his/her own expense.

In either case above, the employee's physician must state in writing that the employee "is ready and safely able to return to work in an arduous duty position for the NPS," as compared to the Essential Functions and Work Conditions for their arduous duty position. The medical examination results will be evaluated by the MRO who is responsible for making all return to work determinations. The MRO will not recommend the employee's return to the arduous duty position if any medical condition is present that may potentially affect the individual's ability to safely perform all the essential functions of the job.

3.5.3 Independent Medical Evaluations

If warranted, an Independent Medical Evaluation (IME) can be used as an evaluative tool to determine an employee's fitness for duty. An IME is a medical evaluation done by a specialist, independent of the employee's physician and chosen by the agency. Various types of IME specialists include: a cardiologist, psychiatrist, orthopedist, neurologist, psychologist, endocrinologist, etc.

An IME may be ordered by the MSPM if results of the completed periodic/fitness-for-duty or return to work medical examination process show no basis to explain actions or behavior which may affect the safe and efficient performance of the employee, or if conflicting evidence is brought forth between the employee's personal physician and the MRO in making an agency final determination. The need for an IME, the specialist chosen for that examination, choice of locale, and choice of doctor are matters solely within the province and discretion of the agency in consultation with the MRO as frequently and at such times and places the agency determines may be necessary.

The MSPM will contact the medical contractor to schedule the employee for an IME with a physician (or physicians, as necessary) of an appropriate medical specialty in which he/she is Board certified to provide the agency with an unequivocal opinion regarding the medical qualification in questions. The employee will not incur expenses for this exam and will be reimbursed travel expenses, as allowed under applicable statute. The employee will also be entitled to official absence from work to attend the appointment.

The agency, in consultation with the MRO, shall develop a series of relevant questions that a specialist or panel of specialists will consider to resolve the conflict in medical opinion. The IME physician will evaluate the medical standard(s) in question against the employee's Essential Function and Work Conditions, the position description, and all other relevant medical information supplied by the employee. The results from the IME physician will be sent to and reviewed by the MRO against the same criteria. The MRO will provide the MSPM with the findings, who will forward on the final medical determination to the employee through his/her supervisor and region.

3.5.4 Light Duty

Light duty refers to a temporary duty status due to a medical condition certified by a medical physician (e.g., recovery from surgery, sprain, pregnancy, broken bones) in which the employee is restricted from participating in potentially hazardous or arduous law enforcement activities.

3.5.5 Assigning Employees to Light Duty

At any given time, an employee may experience a physical or psychological condition with the potential to adversely affect his/her law enforcement duties. It is the responsibility of the employee to report any such physical or psychological condition to his/her supervisor who will notify the Senior Law Enforcement Officer (SLEO) if it “presents a significant risk of substantial harm to the health and safety of the individual (or) others that cannot be eliminated (or) reduced by reasonable accommodations.” 29 CFR § 1630.2, or if the employee will be on light duty status for more than 30 calendar days, the MRO or MSPM must be notified.

For employees on light duty for more than 30 days, the MSPM, in consultation with the MRO, will make recommendations for continued light duty or other action in light of the specific medical condition of the employee, and whether it “presents a significant risk of substantial harm to the health or safety of the individual (or) others that cannot be eliminated (or) reduced by reasonable accommodations.” 29 CFR § 1630.2. Such actions may include a fitness-for-duty or return-to-work exam (see Section 3.5.1 and 3.5.2).

The supervisor or SLEO may administratively restrict arduous duties and assignments. However, statutory law enforcement authorities are not necessarily restricted or affected. The duty status does not necessarily require the employee to relinquish issued duty equipment, unless specified by the MRO or park management. Access to or use of defensive equipment will not be restricted unless the medical condition specifically impacts upon such use or meeting required qualifications. Training and qualifications must be current prior to the employee’s return to normal duty.

The commission status of a LEO who has been on an extended period of light duty should be addressed directly with the Chief of Law Enforcement, Security, and Emergency Services (LESES).

Chapter 4 – Appeals and Waiver Review Panel Procedures

- 4.1 First Level Appeals
 - 4.2 Initial Waivers Request
 - 4.3 Waiver Renewal Requests Process and Procedures
 - 4.4 Waiver Review Panel
 - 4.5 Waiver and Appeals for Wildland Firefighting, Structural Firefighting, and Diving
-

4.1 First Level Appeals

Upon a final not medically qualified medical determination of “C. Significant Medical Finding,” the MSPM notifies the employee/applicant in writing through the supervisor and SHRO, that the employee/applicant does not meet the medical standard(s) and is not medically qualified. The rating is posted on the medical standards contractor’s database for immediate access by the park.

Included in the letter sent to the employee/applicant is a description of the criteria they needed to meet in order to be granted a waiver and the appropriate protocol for mitigating their particular medical issue (e.g., hearing protocol). This information will be maintained on *InsideNPS*. The employee’s supervisor will coordinate with the park’s SHRO to determine where to re-assign the employee until the medical review process is complete.

The employee has 30 days (applicant has 15 days) from receipt of the written notification (indicating they do not meet medical standard(s)) to appeal: (a) request reconsideration by submitting supporting documentation demonstrating that they meet the medical standard(s); or (b) request a waiver, with or without reasonable accommodations, of the medical standard(s);

4.1.1 Reconsideration Requests

The employee/applicant must submit additional medical documentation directly to the MRO through the MSPM. Costs associated with any additional testing are the responsibility of the employee/applicant. If the MRO finds the employee meets the medical standard(s), the employee/applicant’s new clearance rating will be posted on the medical contractor’s database for immediate access by the park. If the MRO finds the employee/applicant still does not meet the medical standard, he/she will remain not medically qualified.

4.1.2 Waiver Requests

The Medical Standards Program reviews requests for waivers of specific standard(s) on a case-by-case basis. OPM regulation 5 CFR § 339.204 requires agencies to, “Waive a medical standard or physical requirement ... when there is sufficient evidence that an applicant or employee, with or without reasonable accommodation, can perform the essential duties of the position without endangering the health and safety of the individual or others.” Furthermore, the Rehabilitation Act of 1973, as amended, prohibits employment discrimination against people with disabilities and requires employers to provide “reasonable accommodation” to employees with disabilities.

Granting a waiver confirms that although the employee does not meet the medical standard(s), he/she is able to perform the full range of arduous duties, including rarely performed functions at an

acceptable level of risk. The agency requires that all employees perform the full range of their essential functions of their position at all necessary times.

If the employee's waiver is not granted, the employee is restricted from continuing or participating in arduous duties. This restriction is necessary in order to prevent the job from exacerbating or accelerating the disease process and to protect the safety of the employee and others. The probability of sudden incapacitation or inability to mitigate the hazards inherent with the medical concern, pose a danger to self and threaten the safety of others.

The agency expects its employees to be able to maintain continuity of operations at all times. Acute, chronic, permanent, or ongoing medical concerns not meeting the medical qualification standards preclude the agency from utilizing all available resources to accomplish the mission.

If the employee under arduous duty brings forward information establishing the employee as "disabled" as defined by the Americans with Disabilities Act of 1973, the employee's supervisor must comply with 373 DM 15 - Reasonable Accommodation for Individuals with Disabilities. The supervisor should consult with the SHRO and the Office of the Solicitor for assistance and guidance to determine whether the employee may be granted a reasonable accommodation in order to accomplish the essential functions of their position without undue hardship to park operations. If no reasonable accommodation can be given, or if the employee remains unable to perform the essential functions of the position as accommodated and no other position transfer is reasonably available, the supervisor may initiate removal procedures.

An employee with multiple qualifications may be granted a waiver under one discipline, but not the other. Therefore, they may only perform arduous duties under one discipline, but not the other.

4.2 Initial Waiver Request

4.2.1 Process and Procedures

It is the responsibility of the employee/applicant to provide sufficient documentation to support their waiver request. All information should be submitted in one packet. The following includes recommendations of the types of information to submit:

1. A written statement to the MSPM ([Initial Waiver Request](#)) requesting a waiver of the medical standard(s) with accompanying documentation demonstrating how the employee meets the criteria for a waiver. (See [Criteria for Granting Medical Waivers](#).) The request must be signed by the employee. Depending upon the position of the employee, their supervisor (i.e., Chief Ranger, Supervisory Special Agent, unit manager, and superintendent) should sign the statement to indicate their support of the waiver. If the Chief Ranger does not elect to sign, the employee should submit the request and indicate the Chief Ranger elected to not sign.
2. A brief, chronological work history demonstrating the performance of arduous duties.
3. Up to three written and signed support statements from any of the following: supervisor(s), commissioned co-workers, non-commissioned co-workers, instructors, etc. The employee/applicant must disclose the medical condition in relation to his/her ability to safely perform the job. These statements may include the following:
 - a. Specific details (examples) of recent incidents demonstrating how the medical condition has been challenged and has not adversely affected the employee's ability to perform the full range arduous duties safely and efficiently

- b. Specific details on any requests for requirements/accommodations and how the requirement/accommodation will not hinder or adversely impact the employee's ability to meet the park's needs in the performance of arduous duty.
4. Any request for restrictions/accommodations should include a supporting statement from the SHRO and supervisor, if applicable. The SHRO will verify whether the employee is able to perform the essential functions of his/her position, with or without a reasonable accommodation.
5. A copy of the employee/applicant position description, if it is anything other than a benchmark law enforcement position description.
6. An itemized list documenting the type of information and the dates that each was submitted to the MSPM as part of the waiver request.
7. The MRO and the MSPM will not request additional information once the waiver request is submitted. Any cost incurred in obtaining the information is the responsibility of the employee/applicant. All applicable medical information should be submitted and reviewed by the MRO prior to a waiver being requested. The submission of additional medical information or test results is no guarantee that an employee will be medically qualified.
8. The employee/applicant must send all documentation, with original signatures, to the MSPM. The MSPM and the Waiver Review Panel will review all initial and renewal waiver requests using the same criteria as outlined in this manual.

4.2.2 Supporting Documentation Guidance for the Employees, Supporters, and Treating Physicians Regarding Waiver Requests

- **Medical condition and ability to safely and efficiently perform tasks:** Given the medical condition or physical limitation that prevents the applicant or employee from meeting the NPS medical standard(s), describe by clear and convincing evidence how the arduous duty employee can perform the essential functions of the job efficiently and safely, without hazard to themselves or others. Consider: a) the medical condition(s) and the rationale for arduous duty disqualification; b) any medically imposed job restrictions or limitations; and/or c) whether the medical condition(s) exceeds the limitations of the Service to provide first aid, assistive device(s), etc.
- **Qualifications, Experience and Training:** Describe the employee's relevant employment history, qualifications, experience, and training for arduous duty positions or activities closely related.
- **Significant Threshold Shifts:** A sudden or progressive change in an employee's medical condition which potentially precludes the employee from safely and effectively performing his/her job. If known, describe any changes in the employee's health status.
- **Medical Condition is Static and Stable:** If known, describe whether or not the medical condition is static and stable, and has reached the level of maximum recovery with or without medications. Include a list of current medication, and any known drug side effects, drug reactions, drug-to-drug interactions, medical complications associated with long-term drug use, and/or any issues with the employee's compliance.
- **Conditions of Employment:** Describe whether the conditions of employment are likely to aggravate, accelerate, exacerbate, or permanently worsen the pre-existing medical condition(s), and/or exceed the limitations of any medical or assistive device.
- **Physical Limitation:** Describe whether or not any physical limitation, defect, or abnormality materially interferes with the employee's ability to perform the full range of arduous duty work safely and efficiently, including all training requirements.

Note: Reporting physicians should be provided with copies of applicable job description and Essential Functions and Work Conditions by the employee.

4.3 Waiver Renewal Requests Process and Procedures

The employee will submit a written statement to the MSPM ([Waiver Renewal Request](#)) requesting a renewal of his/her initial waiver. The statement must be signed by the employee and his/her supervisor. If the supervisor elects not to sign, the employee should submit the request and indicate that the supervisor elected to not sign. The Waiver Review Panel will review all waiver requests, initial and renewals, using the same criteria as outlined in this manual.

The MSPM will notify the employee if any further documentation is required in order to assist the Waiver Review Panel in making a determination on his/her waiver request. Depending on the medical condition, particularly if there have been any significant threshold shifts since the initial waiver was granted, an employee may be required to reapply for an initial waiver as outlined above.

4.3.1 Automatic Waiver Renewals

Initial waivers may be automatically renewed for static and stable vision and hearing (only).

Static and stable vision is defined as:

- Periodic vision examination results which do not differ from the results on which the initial waiver is based, and
- The employee's job description/position is the same as when the most recent waiver was granted.

If the initial waiver was based on a different set of evaluation(s) than indicated, the examinee will be deferred to obtain the appropriate evaluation prior to the renewal of the initial waiver and is not considered to be static and stable. Initial vision waivers for the following conditions may be automatically renewed:

- Color vision deficiency which is static and stable, but the standard is not met based on the following tests:
 - Ishihara plate-14 plates (meets standard-11 of 14 correct or better) or,
 - Farnsworth D-15 (meets standard-more than one crossing fails) or,
 - Titmus Vision Tester (meets standards-perfect score, 6 most common); and
 - Ability to see red/green/yellow.
- Uncorrected distance vision corrected with the accommodation/restriction of correcting with eyeglasses for uncorrected distance vision which is static and stable.
- Corrected distance vision with/without the accommodation/restriction of correcting with eyeglasses or contacts, which is static and stable.
- Depth perception which is static and stable.

The MRO will review the medical documentation and notify the MSPM whether the medical condition under which the initial waiver was granted, has remained static and stable. The medical contractor will post the waiver renewal on the database for the park to view. The MSPM will notify the employee via a memo through his/her supervisor/Chief Ranger, a copy of which is to be retained in the employee medical file at the park.

All other vision waivers renewals will be determined by the Waiver Review Panel as outlined in this manual. The waiver is not automatically renewed if vision is not static and stable.

Static and stable hearing is defined as:

- Periodic examination audiogram results which do not show a change of 15 dB or more in any one frequency (within the evaluated NPS Medical Standards) as compared to the audiogram results upon which the initial waiver are based.
- Functional hearing test results which do not show a significant change, as compared to the functional hearing test results upon which the initial waiver are based.
- Repeat audiogram or repeat audiogram and functional hearing tests (ordered and performed following a demonstrated threshold shift in periodic audiogram results) are static and stable.
- The employee has remained in the same job as when the most recent waiver was granted.

The MSPM may renew initial waivers without restrictions/accommodations for hearing if the hearing is static and stable.

The MRO will review the medical documentation and notify the MSPM whether the medical condition under which the initial waiver was granted, has remained static and stable. The medical contractor will post the waiver renewal on the database for the park to view. The MSPM will notify the employee via a memo through his/her supervisor/Chief Ranger, a copy of which is to be retained in the employee medical file at the park.

All other hearing waiver renewals will be determined by the Waiver Review Panel (WRP) as outlined in this manual. The waiver is not automatically renewed if hearing is not static and stable.

4.4 Waiver Review Panel

A request for a waiver of the medical standard(s) will be reviewed and decided by the medical standards WRP. This is the first level of appeal which convenes monthly or more frequently when the MSPM has cause for review of specific waiver requests. Only the MSPM, or his/her designee, may convene a WRP which is closed to members of the WRP.

The WRP is composed of the following members:

1. MSPM or designee (serves as chair; non-voting)
2. Human Resources Program representative (voting)
3. Law Enforcement, Security, and Emergency Services representative (voting)
4. Visitor and Resource Protection (VRP) representative or park official (voting)

The MRO may be present for the WRP as an advisor, but not as a voting member.

WRP members may not serve as voting members of the Board for the same case. Conversely, Board members may not serve as voting members of the WRP for the same case.

4.4.1 Criteria for Granting Medical Waivers

The following criteria will be used throughout the process of granting medical waivers and seeking second opinions from independent sources. These criteria apply to both primary and secondary positions.

1. The employee has the ability to perform all essential arduous duties safely and efficiently.
2. The employee's medical condition is stable and static.
3. Employee provides direct evidence of ability to mitigate their medical issue.
4. The employee's condition is not likely to be aggravated by engaging in normal required duties.
5. The employee demonstrates a pattern of compliance with medical treatment and use of prescribed medications.

4.4.2 Criteria that will Not be Considered for Granting Medical Waivers

The WRP and the Board will not consider the following:

1. Local characteristics of duty station (e.g., types and/or frequency of incidents or number of interactions with visitors); there are no park-specific waivers
2. General and/or personal testimonials used as evidence of an individual's ability to mitigate a medical issue
3. Letters from medical professionals not specifically qualified to assess the particular medical issue

4.4.3 Convening a Waiver Review Panel – MSPM Responsibilities

1. Convene the WRP.
2. Provide the employee/applicant a decision in writing within 30 days of convening the WRP. The decision will address the waiver criteria and specify one the following:
 - The waiver is granted
 - The waiver is granted with requirements
 - The waiver is granted with accommodations in accordance with the Americans with Disability Act as applied by the Rehabilitation Act (as amended)
 - The waiver is denied
3. In the event of a denied waiver, the MSPM will notify the employee and will include information on the right to appeal to the Board. (For specific process, see Section 4.3.)
4. In the event of a denied waiver for an *applicant*, the MSPM will notify the applicant through his/her hiring official, that the agency has reached a final decision. No further appeal rights apply.

4.4.4 Waiver Denial Notification Process

Following a denial of a waiver request, the MSPM will provide the employee with written notification of the determination outlining his/her appeal rights.

An employee has 14 calendar days from the date of receipt of this notification to request a Board hearing. This written request to the MSPM must include a signed/dated statement summarizing the request. The original form must be mailed to the MSPM. A faxed copy will be accepted initially in

order to meet the 14-day timeframe. (*Note:* If the 14th calendar day does not fall on a business day, the deadline for a request will move to the next business day.)

If an employee elects not to request a Board within 14 calendar days, the waiver process is terminated, and he/she will be deemed ‘not medically qualified’ with notification to the employee’s supervisor and LESES. If the employee elects to pursue a hearing by the Board, he/she must follow certain procedures as outlined in this manual. (See Chapter 5, Level of Appeal - Medical Review Board.)

4.5 Waivers and Appeals for Wildland Firefighting, Structural Firefighting, and Diving

4.5.1 Wildland Firefighting

If the employee/applicant is found “not medically qualified” for wildland fire as a primary or collateral duty, the employee/applicant must appeal/request a waiver of the wildland fire qualification to the DOI MSP.

4.5.2 Structural Firefighting

If an employee/applicant is found “not medically qualified” for structural fire as a primary or collateral duty, the employee/applicant must appeal/request a waiver of the structural fire qualification to the NPS Structural Fire Program.

4.5.3 Diving

If an employee/applicant is found “not medically qualified” for diving as a primary or collateral duty, the employee/applicant must appeal/request a waiver for the diver qualification to the National Diving Control Board (NDCB).

Chapter 5 –Medical Review Board

- 5.1 Medical Review Board
 - 5.2 Medical Review Board Process
-

5.1 Medical Review Board

The Board is the second and final level of appeal. Only an employee, or a recognized representative, may request their case be heard by the Board. Requests should be signed by the employee and must be submitted to the Board, attention MSPM.

As outlined in Chapter 4, Section 4.4, an employee or employee-designated representative may request a hearing before the Board if an initial request for a waiver or waiver renewal has been denied by the WRP. An employee may also request a Board hearing in cases where the designated MRO finds that the medical history, medical examination, or medical screening, and any supplemental information provided, results in a determination that an employee does not meet the established medical standard(s). This written request to the MSPM must include a signed/dated statement summarizing the request. The original form must be mailed to the MSPM. A faxed copy will be accepted initially in order to meet the 14-day timeframe.

The decision of the Board becomes the agency's final decision and is not subject to review by the administrative grievance procedure.

5.1.1 Employee Requests for a Board

If an employee submits a written request for a Board hearing, the MSPM will respond to the employee within 14 calendar days. The MSPM will coordinate with the employee on a suitable date and time to schedule the hearing. The employee will be allotted 1 hour to present his/her case to the Board. The MSPM will assist the employee with information pertaining to the Board procedures.

The employee has the right to appear in person before the Board at the agency's expense or participate via conference call or video conference, if available. Only an employee, or a recognized representative, may request his/her case be heard by the Board. Requests should be signed by the employee and must be submitted to the Board, attention MSPM.

If the employee elects not to request a Board hearing within 14 days or cancels the request for a Board, the employee's status will remain "not medically qualified."

- In accordance with DO #9, *Law Enforcement Program*, LEOs are required to be medically qualified to maintain a law enforcement commission as an NPS LEO.

5.1.2 Board Confidentiality Commitment

Due to the confidential information involved in a case review process, all participating Board members will be required to sign a medical confidentiality form prior to performing any case-specific Board duties. The members will acknowledge being aware of their responsibilities under the Privacy Act of 1974 (5 U.S.C. § 553a) which requires all members to protect the privacy of every employee whose case is under review, including ensuring that all confidential information provided to the

committee for review remains physically secure. The Board shall only review information necessary to make a full and fair decision.

The MSPM will provide copies of the necessary portions of the available medical documentation for distribution to Board members. Documentation used for the review must be limited to those portions of the record that are pertinent to the specific medical reasons for withholding the medical clearance. No other records are to be copied or distributed to Board members. Upon receipt (or prior possession) of the Board members' signed confidentiality forms, the MSPM will send the documents for review to the Board members, along with any other necessary forms and a cover letter summarizing the pertinent issues in the case.

5.1.3 Employee Rights and Responsibilities

The employee must demonstrate to the Board by clear and convincing evidence that although the employee does not meet the medical standard(s), he/she can still perform the full range of arduous duties at all necessary times and places, including those functions which the employee may rarely be called upon to perform. The employee will be given the opportunity to present this evidence to the Board. This should demonstrate his/her ability to perform the full range of arduous duties to meet the agency's expectation.

If the Board does not grant the employee's waiver, the employee is restricted from continuing or participating in arduous duties. In such a case, the Board has determined that the employee poses an unacceptable risk to the employee, co-workers and others if allowed to continue or participate in arduous duties.

If the employee under arduous duty brings forward information establishing the employee as "disabled" as defined by the Americans with Disabilities Act of 1973, the employee's supervisor must comply with *373 DM 15 – Reasonable Accommodation for Individuals with Disabilities*. The supervisor should consult with the park's SHRO and the Office of the Solicitor for assistance and guidance to determine options available to management and whether the employee may be granted a reasonable accommodation in order to accomplish the essential functions of his/her position without undue hardship to park operations.

The Board will be responsible for considering the pertinent factors in the case and providing a sound recommendation to management on the best course of action regarding the proposed waiver/accommodation. The Board will use the following criteria:

- Employee has the ability to perform all essential arduous duties safely and efficiently
- Employee provides direct evidence of ability to mitigate their medical issue
- Employee's medical condition is stable and static
- Employee's condition is not likely to be aggravated by engaging in normal required duties
- Employee demonstrates a pattern of compliance with medical treatment and use of prescribed medications

The employee may bring forth additional information during the pendency of his appeal. Additional medical information should be submitted to the MSPM two weeks in advance of the Board. Examples of additional information should be limited to information directly supporting the employee's case and may include the following:

1. Any pertinent medical information including any previous documentation not reviewed by the MRO.
2. New testimonials illustrating the medical standard(s) in question have been successfully challenged addressing the following criteria. The Board will use the same criteria to review the case.
 - a) Employee has the ability to perform all essential arduous duties safely and efficiently.
 - b) Employee's medical condition is stable and static.
 - c) Employee's condition is not likely to be aggravated by engaging in normal required duties.
 - d) Employee demonstrates a pattern of compliance with medical treatment and use of prescribed medications.
3. Addendums to position descriptions.
4. A list of witnesses, subject to approval by the Board chair, including the name, professional title, and purpose for attendance of each witness.
5. If the employee plans to have an advocate present or to conference-call in for the Board hearing, a written notification must be sent to the MSPM two weeks in advance which should include the following: his/her name, professional title (if any), mailing address, and phone number. Any travel and transportation costs for advocates are not covered by the agency.

5.1.4 Supporting Documentation Guidance for the Employee, Supporters, Treating Physicians

- **Medical condition and ability to safely and efficiently perform tasks:** Given the medical condition or physical limitation that prevents the applicant or employee from meeting the NPS medical standard(s), describe by clear and convincing evidence how the arduous duty employee can perform the essential functions of the job efficiently and safely, without hazard to themselves or others. Consider: a) the medical condition(s) and the rationale for arduous duty disqualification; b) any medically imposed job restrictions or limitations; c) whether the medical condition(s) exceeds the limitations of the Service to provide first aid, assistive device(s), etc.
- **Qualifications, Experience and Training:** Describe the employee's relevant employment history, qualifications, experience, and training for arduous duty positions or closely related activities.
- **Significant Threshold Shifts:** A sudden or progressive change in an employee's medical condition which potentially precludes the employee from safely and effectively performing his/her job. If known, describe any changes in the employee's health status.
- **Medical Condition is Static and Stable:** If known, describe whether or not the medical condition is static and stable, and has reached the level of maximum recovery with or without medication. Include a list of current medication, and any known drug side effects, drug reactions, drug-to-drug interactions, medical complications associated with long-term drug use, and/or any issues with the employee's compliance.
- **Conditions of Employment:** Describe whether the conditions of employment are likely to aggravate, accelerate, exacerbate, or permanently worsen the pre-existing medical condition(s), and/or exceed the limitations of any medical or assistive device.
- **Physical Limitation:** Describe whether or not any physical limitation, defect, or abnormality materially interferes with the employee's ability to perform the full range of arduous duty work safely and efficiently, including all training requirements.

Note: Reporting physicians should be provided with copies of applicable job description and Essential Functions and Work Conditions by the employee.

5.1.5 Official Time

Employees may use a reasonable amount of official time to prepare, submit, and present an appeal to the Board. The amount of time an employee may use is determined by the employee's supervisor. Use of government office equipment to prepare an application for appeal is permitted on a limited basis in accordance with DO #5, *Paper and Electronic Communications*.

5.2 Medical Review Board Process

5.2.1 Purpose

The Board reviews medical documentation to determine the physical and/or mental ability of the employee for arduous duty positions and to consider the appropriateness of denials of request for medical standards waivers. An employee may request a Board hearing for a waiver of the medical standard(s). The Board will convene as needed. Only the Board Chair, or designee, may convene a Board hearing. Board meetings are closed to persons other than those authorized by the Chair to be in attendance.

The Board will convene only when a quorum of, at a minimum, the chair and two voting members are available.

The Board is composed of five voting members and two non-voting members (who serve as Board consultants):

- Chief, Division of Labor and Employee Relations or designee (Chair voting member)
- Chief, Risk Management or designee (voting member)
- Chief, Law Enforcement, Security & Emergency Services, or designee (voting member)
- Two senior Law Enforcement representatives or designees (voting members appointed by the chair)
- MRO (non-voting)
- MSPM (non-voting)

** The appointment of two senior representatives should not be permanent appointments. The Chair should appoint, on a rotational basis, two senior LE representatives as voting members. The selection of these two voting members should be made in a manner so as to avoid the appearance of any violation of the 1964 Civil Rights Act, as amended.¹*

Each permanent Board member is authorized to designate, on a temporary basis, a person of similar rank at times when the permanent member is absent. That temporary designee shall have the full authority to act on Board matters until such time that the permanent member rescinds that temporary designation.

An attorney from the Office of the Solicitor will be present to provide legal guidance to the Board.

¹ http://www4.law.cornell.edu/uscode/html/uscode42/usc_sup_01_42_10_21_20_VI.html

5.2.2 Board Proceedings

- The court recorder will arrive 30 minutes prior to convening the Board, swear in the employee and all witnesses, and records the proceeding.
- The Chair will call the Board meeting to order.
- The employee will present his/her case.
 - The employee will have 1 hour to present his/her case to the Board.
 - The employee will be allowed to present documents and witnesses, and should be prepared to answer questions from the Board members regarding the medical standard(s) in question.
 - Should the Board need additional time to ask questions or require clarification, the 1 hour may be extended at the Board's discretion.
- The floor is open for questions by the Board.
- The employee will make a closing statement prior to dismissal.
- The Board will deliberate and render a decision.

5.2.3 Board Member Responsibilities

Board Chair

The chair is the Chief, Division of Labor and Employee Relations, or designee, and is solely authorized to convene a Board. As part of this authority, the chair shall:

- Consider employee's request for advocacy
- Determine and direct the attendance of witnesses, documents and consultants for the Board
- Determine whether a quorum is present sufficient to convene a Board
- Hear the employee, advocate, witness, or other expert testimony, summary or presentations;
- Recognize other voting Board members
- Question or seek clarification from anyone present;
- Ensure fair and just decision process
- Close Board proceedings
- Notify the supervisor/park of the final decision of the Board

Medical Standards Program Manager

The MSPM will:

- Guide the employee through the Board process
- Arrange for the recording of all Board proceedings by a court stenographer
- Assure the Board members are available
- Provide and coordinate logistics
- Manage dissemination all pertinent documents to Board members in advance of the meeting

5.2.4 Board-Requested Independent Medical Evaluation

On the rare occasion that the Board finds conflicting evidence, an Independent Medical Evaluation (IME) may be requested. The indication for an IME, the selection of a specialist and choice of locale, are solely within the providence and discretion of the Board.

The MSPM will contact the MRO/contractor to schedule the employee for an IME with a physician (or physicians, as necessary) of the appropriate medical specialty in which he/she is Board certified. This will provide the Board an unequivocal opinion regarding the medical qualifications in question. The employee will incur no expense for this exam, and will be reimbursed travel expenses as allowed under applicable statute. The employee will also be entitled to official absence from work to attend the appointment.

The Board, in consultation with the MRO, will develop a series of relevant questions for a specialist or panel of specialists to consider. The IME physician will evaluate the medical standard(s) in question against the employee's Essential Function and Work Conditions, the position description, and all other relevant medical information supplied by the employee. The results from the IME physician will be sent to and reviewed by the MRO against the same criteria. The MRO will provide the Board with the findings and final determination will be made. This will become the agency's final decision.

An employee is not obligated to undergo a supplemental IME. However, the Board may determine that the IME is so essential to their determination that a failure to undergo a supplemental IME will result in declining to review the case.

5.2.5 Board Decisions

Upon completion of the Board hearing, a final determination will be made regarding the employee's medical qualification. The Board Chair will notify the employee, in writing, within 14 days of the hearing. If the Board's decision affirms that the employee is "not medically qualified" (waiver denied), it will:

- Become the agency's final decision
- Affect the employee's ability to perform collateral arduous duties
- Affect the employee's ability to maintain a law enforcement commission (with entitlement to enhanced annuity under 5 U.S.C. § 8336(c))
- Affect the employee's ability to remain in the position

5.2.6 American with Disabilities Act Determination

If the arduous duty employee brings forward information establishing the employee as a qualified individual with a disability as defined by Title I of the Americans with Disabilities Act of 1973 (as adopted by the Rehabilitation Act of 1973), the Board should determine whether the medical condition may be reasonably accommodated without constituting an undue hardship to park operations.

All requests for reasonable accommodations should follow the procedures as outlined in 373 DM 15.

5.2.7 Medical Standards Waiver and Board Request Time Line

	Contract Medical Provider	Employee	Medical Standards Program	Notes
Following exam, employee found “does not meet medical standards.”	14 days result is posted.			
Contractor notifies employee that additional information is needed.	21 Days from Exam			The sooner information is provided by the employee/applicant to the MSPM or MRO, the quicker a decision can be made.
Employee submits the requested information to the contractor.		30 Days from Receipt of Notification requesting additional medical information		
Contractor notifies MSPM of “does not meet medical standard(s)” or there are significant findings and therefore not qualified for arduous duty.	7 days from receipt of requested information.			
MSPM notifies employee/applicant and supervisor of these findings.	7 days from contractor notification.			
Employee/Applicant may submit a waiver request in writing to the MSPM.		30 Days (15 for applicants) from receipt of MSPM’s notification.		
Upon receipt of waiver request, the MSPM will convene a Waiver Review Panel to review the waiver request and make a determination. MSPM notifies employee and supervisor of the outcome.			Within 30 days of receipt of waiver request from employee.	Contract Medical Provider will notify MSPM when new information is submitted.
Upon receipt of this notification the employee may submit a written request for a medical review Board.		14 days from receipt of waiver denial from MSPM.		
MSPM will convene a medical review Board.			On a quarterly basis, or as needed.	
MSPM will notify the employee and supervisor of the Board’s final decision.			Within 14 days of the Board.	

Appendix A – Definitions

Accommodation – A reasonable accommodation as described in 373 Departmental Manual 15. [<return>](#)

Advocate – A person who speaks or writes in support or defense of an employee/applicant subject to the medical standards waiver and Medical Review Board process. [<return>](#)

Arduous positions – Positions that are dangerous or physically demanding to such a degree that an incumbent's medical condition is an important consideration in determining ability to perform safely and efficiently. [<return>](#)

Chair – The Chief, Division of Labor and Employee Relations, or designee, who is solely authorized to call for a Medical Review Board to be convened. [<return>](#)

Collateral arduous duty position – Any full-time NPS employee whose position description is amended to include collateral arduous duties, including Wildland Firefighting, Structural Firefighter, Diver and Firearms Instructor. [<return>](#)

Commissioned law enforcement officer – An NPS employee covered under the enhanced law enforcement retirement provisions of 5 U.S.C. 8336(c) whose primary field, supervisory, administrative, or management duties are the investigation, apprehension, and detention of individuals suspected or convicted of violating the criminal laws of the United States. [<return>](#)

Compensated service-connected disability – A disease or injury of a veteran that was incurred or aggravated by service in the armed forces of which the Department of Veterans Affairs has evaluated and awarded tax-free monetary compensation. Payments are based on the degree of disability. [<return>](#)

Employee/applicant – An incumbent in or applicant for an arduous duty position for the NPS that is subject to the medical standards outlined in the Medical Standards Program. [<return>](#)

Grievance – A request by an employee or group of employees for personal relief in a matter of concern or dissatisfaction which relates to the employment or a condition of employment of the employee(s) and which is subject to the control of management. [<return>](#)

HIPAA – The Health Insurance and Portability Accountability Act of 1996 (HIPAA) protects the privacy of individually identifiable health information, and the confidentiality provisions of the Patient Safety Act, which protects identifiable information being used to analyze patient safety events and improve patient safety.

Independent Medical Evaluation – A medical examination, independent of an employee/applicant's personal physician. This may be requested on behalf of the agency if there is conflicting medical evidence that requires clarification in order to make a medical determination. [<return>](#)

Medical Contractor – Occupational medical company or entity that provides occupational medical services to the NPS. [<return>](#)

Medical documentation – A statement on official letterhead from a physician of medicine as licensed by state law (including physicians of medicine, doctors of osteopathy, podiatrists, dentists, optometrists and, to a limited degree, clinical psychologists and chiropractors.) To be acceptable, the statement must be

signed and contain a diagnosis or clinical impression which must be justified according to established diagnostic criteria and the conclusions and recommendations must not be inconsistent with generally accepted professional standards. It should also include the anticipated duration and end date, if any, of the medical condition. [<return>](#)

Medical Review Board – The Board is a designated group of voting and non-voting members (not including any legal advisor) who consider medical and non-medical documentation to determine the medical ability of employees in safely performing their required arduous duties. This is the final step of an appeal process. [<return>](#)

Medical Review Officer – A medical physician within the specialty of occupational medicine working for the NPS under a signed contract who provides a medical determination whether the employee meets the medical standard(s). [<return>](#)

Medical Standards – The minimum established criteria used to determine whether an employee can safely and efficiently perform the full range of essential functions of arduous duty positions for the NPS. [<return>](#)

Medical Standards Program Manager – Supports the field by overseeing the entire Medical Standards Program; serves as the technical expert for the program, developing policy, facilitating program implementation and oversight, and maintaining liaison with a variety of organizations. The MSPM is the chair for Waiver Review Panel meetings and facilitates Medical Review Board meetings. [<return>](#)

Periodic medical examination – A medical exam that is administered, in accordance with the schedule of periodicity, to employees who have previously completed a baseline examination. [<return>](#)

Significant medical finding – Medical determination indicating the employee/applicant does not meet the medical standard(s) and is not medically qualified.

Static and stable – The medical condition has not changed since the previous medical examination/physical. [<return>](#)

Valid Medical Examination – A medical examination is considered valid when an employee/applicant is determined “medically qualified” to perform arduous duties and may include being medically qualified with a granted waiver. Examinations completed with other agencies or bureaus are not valid as they are evaluated under different medical standards, essential duties, and MROs. [<return>](#)

Waiver – A voluntary written decision by the agency to accept an employee’s medical condition for which they cannot meet the medical standards(s). Waivers must be formally requested by an employee and upon acceptance, are only valid until the next required medical exam is due. [<return>](#)

Waiver criteria – The specific elements used to evaluate a waiver request. [<return>](#)

Waiver Review Panel – The designated group of voting members who consider the initial review of waiver requests. They may grant or deny waivers, or stay the proceedings for further documentation. [<return>](#)

Waiver with requirement – Written acceptance of the employee’s medical condition, that includes specific requirements set by the Medical Review Officer, Medical Standards Program Manager, Waiver Review Panel, or Medical Review Board and is the condition(s) upon which the waiver is granted.

Appendix B – Medical Standards

THE UNITED STATES DEPARTMENT OF INTERIOR

MEDICAL STANDARDS and REVIEW CRITERIA FOR MEDICAL REVIEW OFFICERS

THESE STANDARDS ARE APPLICABLE TO THE FOLLOWING POSITION:

**NATIONAL PARK SERVICE
COMMISSIONED LAW ENFORCEMENT OFFICERS**

Sections of this document:

- Cover Page
- General Background
- Rationale for Medical Evaluation and Review
- Periodicity of Medical Evaluations
- Essential Functions and Work Conditions
- Standard Medical Evaluation Components
- Medical Standards:
 - Vision
 - Hearing
 - Head, Nose, Mouth, Throat and Neck
 - Dermatologic System
 - Central and Peripheral Nervous Systems
 - Psychiatric / Psychological Function
 - Cardiovascular System
 - Peripheral Vascular System
 - Chest and Respiratory System
 - Gastrointestinal System
 - Genitourinary System
 - Musculoskeletal System
 - Endocrine and Metabolic Systems
 - Hematopoietic System
 - Prosthetics, Transplants, and Implants
 - Infectious Disease / Immune System /and Allergic Disorders
 - Medication

THE UNITED STATES DEPARTMENT OF THE INTERIOR

**MEDICAL STANDARDS and REVIEW CRITERIA FOR
MEDICAL REVIEW OFFICERS**

THESE STANDARDS ARE APPLICABLE TO THE FOLLOWING POSITION:

**NATIONAL PARK SERVICE
COMMISSIONED LAW ENFORCEMENT OFFICERS**

General Background

Under 5 CFR Part 339 Medical Qualifications Determinations, medical standards may be established for positions with duties that are arduous or hazardous in nature. The medical standards described in this section are established because of the arduous and hazardous occupational, functional and environmental requirements of the position covered by these standards. The medical standards, which establish minimum requirements for medical fitness that are considered necessary for the safe and efficient performance of the full range of essential functions of National Park Service Commissioned Law Enforcement Officers, are provided to aid the agency medical review officer (MRO), NPS Program Manager, and NPS officials in identifying those medical problems that may hinder an individual's ability to satisfactorily perform their job without undue risk to self or others. They also are to be used to ensure consistency and uniformity in the application of medical expectations upon applicants and incumbents. Executive Order 11478 (as amended) prohibits discrimination in Federal employment because of race, color, religion, sex, national origin, handicap, age, or sexual orientation.

These standards and their application will be guided by the considerations set forth in 5 CFR Part 339, Medical Qualifications Determinations. Listed below are both minimal expectations and examples of medical conditions and/or physical impairments that may be disqualifying. No medical condition may be considered to be disqualifying automatically in its own right. Individualized assessments must be made on a case-by-case basis to determine an individual's ability to meet the requirements of the position covered by these standards and their ability to perform his or her duties in a safe and efficient manner, with or without reasonable accommodation, despite any medical condition that may be present. Final consideration of a medical qualification recommendation may require additional medical information and/or testing that is not routinely required during either the baseline or periodic medical examination.

These medical standards are intended to serve as a general guideline for the safe placement into and the continued working in a hazardous and arduous job position within the Department of Interior's law enforcement program. Each of the medical standards listed in this document is subject to clinical interpretation and application by the agency MRO who will incorporate into the review of each case his/her knowledge of the job requirements and environmental conditions in which employees may be expected to work.

The medical standards in this document are not listed in order of importance. They are listed in an order that approximates the sequence in which an examination might be carried out, and the resulting pieces of

medical information assembled and reviewed by the MRO, but their order is not pertinent. The only pertinent issues are the content of the standards and the context in which they are applied.

The standards and guidelines have been developed using many references and resources, including:

1. 5 CFR-339 Medical Qualifications Determinations
2. A review of existing Federal agency law enforcement medical guidelines and standards
3. Federal agency law enforcement scientific studies, including the U.S. Secret Service study on visual acuity, U. S. Treasury study on radial keratotomy, and U.S. Marshall study on hearing loss
4. State of California law enforcement medical guidelines (Peace Officer Standards and Training, POST), 2004
5. Onsite observation of the performance of law enforcement training and duties by DOI and U.S. Public Health Service personnel.
6. Executive Order 11478 (1969) as amended by Executive Order 13087 (1998).
7. November 10, 2005 DRAFT of DOI Directive 3200: Physical Readiness Program
8. National Park Service Director's Order 57 and Reference Manual 57, Part I and II, signed 3/1/99

Rationale for Medical Evaluation and Review of Law Enforcement Positions

The job requirements for law enforcement employees of the DOI are by their nature arduous and hazardous. These job requirements are performed under variable and unpredictable working conditions. Due to these job requirements and working conditions, the DOI has developed an occupational safety and health program that includes medical standards for law enforcement positions in order to insure the following:

1. DOI law enforcement personnel will be able to perform the full range of duties under the conditions under which those duties must be performed.
2. Existing/preexisting medical conditions of DOI law enforcement personnel will not be exacerbated, aggravated, or accelerated.
3. Adherence to DOI's strong commitment to public safety and to maintaining the integrity of mission accomplishment.

The implementation of the DOI occupational safety and health program insures the uniformity, consistency, and defensibility of the DOI medical personnel management decision-making process.

Periodicity of Medical Evaluations

Medical standards apply to all applicants and all incumbent NPS Commissioned LEOs on a 24 hour-a-day / 7 day-a-week basis. The generally recommended schedule for medical evaluations of applicants and incumbents in order periodically to assess compliance with these standards is as follows:

Applicants:

(Baseline exam)

Incumbents:

(Periodic exam)

- Every 3 years, regardless of age.

(Exit exam)

- Within a month prior to separation from a permanent LE position

In addition, the MRO may determine and recommend that, due to health or safety factors, the medical evaluation of an individual employee may require a different schedule, an increased frequency, or additional components for his/her exam in order to evaluate the medical fitness of the individual to perform the full range of functional requirements of the job.

Essential Functions and Work Conditions of a Commissioned Law Enforcement Officer

Time/Work Volume	Physical Requirements*	Environment	Physical Exposures
<p><i>May include:</i></p> <ul style="list-style-type: none"> • Typically a 5-day work week, including nights, weekends and holidays • Hour work days with repetitive days exceeding 8 hours • Irregular work schedules with consecutive overlapping schedules • Numerous off-duty call outs to return to work for emergencies • Multiple and consecutive duty assignments without a significant break between • A pace of work set by emergency situations • Ability to be deployed at any time in any geographic area for extended assignments up to 21 days • Adjust to time zone changes • Working independently for extended periods • Working in small and large teams for extended periods 	<ul style="list-style-type: none"> • Using batons, hand cuffs, pepper spray, tasers, and other defensive equipment in self defense and to apprehend and control suspects • Demonstrating proficiency with handguns, rifles, and shotguns (e.g., loading, clearing, firing) • Using techniques such as ground wrestling, control holds and strikes with hands and feet for self defense and to apprehend and control suspects. • Detecting and responding to real and apparent threats (e.g., booby traps, knives, guns, uncooperative suspects) • Rigorous exertion in emergency situations • Extensive walking, climbing, kneeling, stooping, running, jumping, twisting, bending and standing in place • Lifting and carrying at times for distances, more than 50# • Working with limited/disrupted sleep • Working with hunger/irregular meals and dehydration • Flying in helicopters and fixed wing airplanes • Driving for long periods of time • Driving under pursuit, evasive, and emergency situations • Using boats, airboats, snowmobiles, ATVs, bicycles, horseback, and motorcycle • Immersion in water that is over the head when standing • Using specialized visual equipment (e.g., night vision goggles, night cameras, infrared) • Wearing a variety of heavy PPE on a daily basis (e.g., bulletproof vests, boots, eyewear, 30# gun belt) • Wearing respirators and weapons of mass destruction PPE to provide rescue or evacuation assistance 	<ul style="list-style-type: none"> • Varied climates (e.g., cold, hot, dry, humid, snow, rain) • Varied light conditions, ranging from total darkness to extremely intense sun • High altitudes/mountains • Heights/tall buildings • Very steep terrain • Uneven surfaces with holes and drop offs • Rocky, loose, or muddy ground surfaces • Thick vegetation • Down/standing trees • Wet slippery vegetation • Very rough roads and trails • Caves and enclosed natural and made made-type areas • Marine settings, such as lakes, open ocean, and swift water • Dense swamps • High voltage electrical hazards • Isolated/remote areas with no ready access to medical help • Areas of natural disaster (e.g., flood, hurricane, tornado, fire) • Areas of terrorist attack • Non-compliant, combative, and violent persons • Large metropolitan setting with heavy vehicle traffic and high volumes of people • Extensive interaction with the public • Extensive crowds at large events including large scale protests 	<ul style="list-style-type: none"> • Deprived of or extended periods of light (bright sunshine/UV rays), dark, extreme heat and severe cold • Airborne particulates • Airborne and contact allergens • Fumes, gases burning materials, natural and manmade • Blood borne pathogens • Hazardous chemicals • Snakes and reptiles • Threatening wild or domestic, large or small animals • Insects/ticks • Poisonous plants • Falling rocks and trees • Close quarters with other officers or the public for extended periods • High noise exposure, including impact/impulse • Uncooperative suspects

Essential Functions and Work Conditions of a Commissioned Law Enforcement Officer (cont.)

Time/Work Volume	Physical Requirements	Environment	Physical Exposures
<p><i>(Continued) May include:</i></p>	<ul style="list-style-type: none"> • working with limited/disrupted sleep • working with hunger/irregular meals and dehydration • flying in helicopters and fixed wing airplanes • driving for long periods of time • driving under pursuit, evasive, and emergency situations • using boats, airboats, snowmobiles, ATVs, bicycles, horseback, and motorcycle • immersion in water that is over the head when standing • using specialized visual equipment (e.g., night vision goggles, night cameras, infrared) • wearing a variety of heavy PPE on a daily basis (e.g. bulletproof vests, boots, eyewear, 30# gun belt) • wearing respirators and weapons of mass destruction PPE to provide rescue or evacuation assistance 	<ul style="list-style-type: none"> • with no ready access to medical help • areas of natural disaster (e.g., flood, hurricane, tornado, fire) • areas of terrorist attack • non-compliant, combative, and violent persons • large metropolitan setting with heavy vehicle traffic and high volumes of people • extensive interaction with the public • extensive crowds at large events including large scale protests 	

**The employee may be required to perform all of the listed Physical Requirements during intensive rigorous training of a repetitive nature for an extended period of time which may exceed 3 months, in addition to performing these tasks on a regular and recurring basis as part of their regular duties.*

Standard Medical Evaluation Components for NPS Commissioned Law Enforcement Officer Examinations

SERVICES, BY CATEGORY

« HISTORIES »

General Medical and Occupational History

« EXAMINATION ITEMS »

General Physical Examination

General Appearance and Vital Signs

Special Attention To:

Eyes, Ears, Nose, Mouth, and Throat

Central Nervous System

Peripheral Nervous System, including sensation, reflexes, and proprioception

Back and Musculoskeletal System, including strength, ROM, flexibility

Cardiovascular System

Genitourinary System

Gastrointestinal System

Respiratory System

Skin

Thyroid

Endocrine and Metabolic System

« DIAGNOSTIC TESTS/PROCEDURES »

Audiogram: 500, 1000, 2000, 3000, 4000, 6000, 8000 Hertz in both ears (done bi-annually for Firearms Instructors; recorded in decibels at each frequency)

Vision - Far Vision Acuity (uncorrected and corrected, each eye separately as well as both together, recorded in Snellen units)

Vision - Near Vision Acuity (best vision with both eyes, with or without correction)

Peripheral Vision (nasal and temporal, recorded in degrees; each eye measured separately)

Depth perception (recorded in seconds of arc, with a clinical assessment to confirm normal functional depth perception if stereopsis is less than 100 sec of arc)

Color Discrimination: Ishihara (minimum of 14 plates) or Farnsworth D-15, AND confirmed ability to distinguish red / green / yellow (amber)

Pulmonary Function Test/Spirometry

Chest X-Ray, PA and lateral (baseline only)

Electrocardiogram, Resting (baseline, periodic [age 40 and above], and exit exams)

TB (Mantoux) skin test (baseline and exit exams only)

« LABORATORY »

Lab Panel

Complete Blood Count (CBC)

Urinalysis

Chemistry panel, including liver function tests and lipid profile

Blood Lead (baseline for all; then bi-annually for Firearms Instructors)

Zinc Protoporphyrin (baseline for all; then bi-annually for Firearms Instructors)

VISION STANDARDS

The applicant/incumbent must be able to see well enough to safely and efficiently carry out the requirements of the job. This requires binocular vision, far visual acuity, depth perception, peripheral vision, and color vision, which may be demonstrated by:

- Uncorrected far vision equal to or better than 20/100 in each eye (Successful users of long-wear soft contact lenses who meet the corrected far vision standard are considered to have met the “uncorrected” vision guideline.); and
- Far vision that is correctable to 20/20 in each eye; and
- Near vision that is correctable to 20/30 with both eyes (Contact lenses and glasses are acceptable for correction of both near and far vision acuity, but the user must be able to demonstrate that the corrective device(s) can be worn safely and for extended periods of time without significant maintenance, as well as being worn with any necessary personal protective equipment. Orthokeratology, the temporary reduction in myopia by the programmed application of rigid gas-permeable contact lenses, is acceptable for meeting the corrected vision standard as long as individuals wear their lenses according their prescribed schedule and meet the above visual acuity requirements for corrected vision.); and
- Normal depth perception; and
- Peripheral vision that is normal (generally considered to be 70-85 degrees in the temporal direction in each eye); and
- Color vision that is sufficient to pass the Ishihara 14 plate series color vision test, or the Farnsworth D-15 color vision test (X-Chrome lenses are not acceptable as a means for correcting color deficiencies), and able to identify red, green, and amber (yellow); and
- Having no ophthalmologic condition that would increase ophthalmic sensitivity to bright light, fumes, or airborne particulates, or susceptibility to sudden incapacitation.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. Any **OPHTHALMOLOGIC CONDITIONS** which causes an individual to be particularly susceptible to environmental exposures, such as sunlight, dusts, fumes, and various volatile compounds.
2. **REFRACTIVE SURGICAL PROCEDURES (e.g., LASIK, Radial Keratotomy, Photorefractive surgery, Keratoplasty, etc.)**
These operative procedures may be considered acceptable as long as the individual’s vision meets the above standards post-operatively and the operation was performed **AT LEAST 6** months (for radial keratotomy or photorefractive surgery) or 3 months (for LASIK) before performing in an LEO position. The individual must be free of post-operative complications. The results of an eye examination by a Board-certified Ophthalmologist will be required to insure that vision is not impeded due to post-operative complications such as infection, glare, or contrast-sensitivity.
3. **CHRONIC CONJUNCTIVITIS**
Due to the possible visual impairment and/or increased susceptibility to environmental exposures which could interfere with the job performance, this condition may result in a medical disqualification.
4. **CORNEAL ULCERS**
This condition generally is disqualifying since essential duties of the position could further

exacerbate the condition, in addition to the condition causing impairments of visual acuity. This condition must be treated and cleared by an Ophthalmologist before any further consideration is given.

5. **KERATITIS**

Any visual impairment associated with keratitis that is likely to interfere with job performance generally is disqualifying.

6. **RETINAL DETACHMENT**

This condition generally is disqualifying due to the serious visual obstruction and the risk of sudden incapacitation.

7. **RETINITIS PIGMENTOSA**

8. **GLAUCOMA**

This condition, if confirmed by an ophthalmologist, generally is disqualifying if there is any impairment of peripheral vision.

9. **NIGHT BLINDNESS**

10. **OCULAR LENS IMPLANTATION** may be acceptable following an adequate post surgical recovery period and if visual acuity meets the Vision Standards.

11. **ANY OTHER VISION CONDITION** which significantly interferes with normal function and bears the potential to render the person suddenly incapacitated generally is disqualifying.

HEARING STANDARDS

The applicant/incumbent must be able to hear well enough to safely and efficiently carry out the requirements of the job (the use of a hearing aid or aids to meet these standards is *not* permitted). The standards require binaural hearing (to localize sounds) and auditory acuity, which may be demonstrated by:

- A current pure tone, air conduction audiogram, using equipment and a test setting which meet American National Standards Institute standards (see 29 CFR 1910.95); and
- Documentation of hearing thresholds of no greater than 30 dB at 500, 1000, and 2000 Hz in either ear; and
- Documentation of hearing thresholds of no greater than 40 dB at 3000 Hz in either ear; and
- No evidence by physical examination and medical history of ear conditions (external, middle, or internal) likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **MENIERE'S DISEASE**

2. **VESTIBULAR NEURONITIS**

3. **VERTIGO and PAROXYSMAL POSITIONAL VERTIGO**

4. **ACOUSTIC NEUROMA**

5. **WEGENER S GRANULOMATOSIS**

6. **OTOSCLEROSIS**

7. **COCHLEAR IMPLANTATION**

8. Any **OTHER DISEASE OR DEFECT** of the ear which adversely affects hearing or equilibrium and which may interfere with the safe and efficient job performance generally is disqualifying.

HEAD, NOSE, MOUTH, THROAT AND NECK STANDARD

The applicant/incumbent must have structures and functions of the head, nose, mouth, throat, and neck that are sufficient for the individual to safely and efficiently carry out the requirements of the job. This may be demonstrated by:

- A physical exam of the head, nose, mouth, throat, and neck that is within the range of normal variation, including:
 - normal flexion, extension, and rotation of the neck; and
 - open nasal and oral airways; and
 - unobstructed Eustachian tubes; and
 - no structural abnormalities that would prevent the normal use of personal protective equipment, including eyewear; and
- Normal conversational speech; and
- No evidence by physical examination and medical history of head, nose, mouth, throat, or neck conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **ANOSMIA**
2. **ARTIFICIAL LARYNX OR ESOPHAGEAL SPEECH**
3. **NECK MASSES, LYMPHADENOPATHY, OR TRACHEOSTOMY**
4. Any **OTHER CHRONIC DISEASE OR CONDITION** which significantly interferes with speech or breathing and bears the potential to render the person suddenly incapacitated is generally disqualifying.

THE DERMATOLOGIC STANDARD

The applicant/incumbent must have skin that is sufficient for the individual to safely and efficiently carry out the requirements of the function. This may be demonstrated by:

- A physical exam of the skin that is within the range of normal variation; and
- No evidence by physical examination and medical history of dermatologic conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **ALBINISM**
2. **SKIN CANCER (including melanoma and severe or poorly controlled basal cell or squamous cell carcinoma)**
3. **KAPOSI'S SARCOMA**
4. **SEVERE CHRONIC DERMATITIS**
5. Any **OTHER DERMATOLOGIC CONDITION** which significantly interferes with normal function and bears the potential to render the person suddenly incapacitated is generally disqualifying.

CENTRAL AND PERIPHERAL NERVOUS SYSTEMS STANDARD

The applicant/incumbent must have a nervous system that is sufficient for the individual to safely and efficiently carry out the requirements of the job. This may be demonstrated by:

- A physical exam of the cranial and peripheral nerves and the vestibular and cerebellar system that is within the range of normal variation, including:
 - intact cranial nerves, I-XII; and
 - normal vibratory sense in the hands and feet; and
 - normal proprioception of the major joints; and
 - normal sensation of hot and cold in the hands and feet; and
 - normal sense of touch in the hands and feet; and
 - normal reflexes of the upper and lower extremities; and
 - normal balance (e.g., heel-toe walk; Romberg; balance on one foot); and
- Normal basic mental status evaluation (e.g., person, place, time, current events); and
- No evidence by physical examination and medical history of nervous, cerebellar, or vestibular system conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **ATAXIA**
2. **CHOREOATHETOSIS**
3. **HUNTINGTON'S CHOREA**
4. **MULTIPLE SCLEROSIS**
5. **MUSCULAR DYSTROPHY**
6. **NARCOLEPSY**
7. **NEUROFIBROMATOSIS**
8. **PARKINSON S DISEASE**
9. **CEREBROVASCULAR ACCIDENT (STROKE)**
10. **TRANSIENT ISCHEMIC ATTACKS**
11. **SENSORY DYSFUNCTION (smell, touch, taste).**
12. **MIGRAINE CEPHALGIA**
13. **Any OTHER NERVOUS SYSTEM CONDITION which significantly interferes with normal function and bears the potential to render the person suddenly incapacitated is generally disqualifying**
14. **SEIZURES OR EPILEPSY**

An individual with a history of one or more seizures must provide the following written information from a physician who is Board certified in neurology. This information is to be provided on the physician's own letterhead, and must include:

- 1) the physician's printed or typed name (i.e., legible), signature, and date;
- 2) confirmation that the physician has reviewed and is familiar with the requirements of the job, as presented in the Essential Functions And Work Conditions Of A Commissioned NPS Law Enforcement Officer;
- 3) a summary of all current medications, along with any known side effects experienced or expected to be experienced by the officer;
- 4) the known or suspected triggers or factors that may lead to seizure activity for the officer;

- 5) the results of the most recent diagnostic testing, such as an EEG
- 6) the officer's overall medical prognosis, related to his/her seizure disorder; and
- 7) the estimated risk or likelihood of future seizure activity the officer might experience, of any degree of severity.

PSYCHIATRIC / PSYCHOLOGICAL FUNCTION STANDARD

The applicant/incumbent must have judgment, mental functioning, and social interaction/behavior that will provide for the safe and efficient conduct of the requirements of the job. This may be demonstrated by:

- No evidence by physical examination and medical history of psychiatric or psychological conditions (including alcohol or substance dependence) considered likely to interfere with efficient job performance, present a safety risk to the individual or others, or to worsen as a result of carrying out the essential functions of the job.

Disorders which affect safe and efficient job performance may be disqualifying, and consideration must be given to the individual's history of treatment and control of the condition(s). All diagnoses must be consistent with the diagnostic criteria as established by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), or subsequent revisions. Any condition not listed here shall be considered on a case-by-case basis.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO:

1. **AXIS I DISORDERS**
2. **AXIS II DISORDERS**
3. Any **OTHER PSYCHIATRIC** or **PSYCHOLOGICAL CONDITION** which significantly or potentially interferes with normal function or bears the potential to render the person suddenly incapacitated.

CARDIOVASCULAR SYSTEM STANDARD

The applicant/incumbent must have a cardiovascular system that is sufficient for the individual to safely and efficiently carry out the requirements of the job. This may be demonstrated by:

- A physical exam of the cardiovascular system that is within the range of normal variation, including:
 - o blood pressure of less than or equal to 140 mmHg systolic and 90 mmHg diastolic; and
 - o a normal electrocardiogram at each scheduled exam, as required (minor, asymptomatic arrhythmias may be acceptable); and
 - o no pitting edema in the lower extremities, and
 - o normal cardiac exam; and
- No evidence by physical examination and medical history of cardiovascular conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **PACEMAKERS**
2. **PROSTHETIC VALVES** or any other condition or post-surgical management that requires the use of Coumadin or other anti-coagulants may be disqualifying.
2. **CORONARY ARTERY DISEASE.**
3. **HYPERTENSION** that requires the use of any medication to stabilize the blood pressure may be disqualifying.
4. **LEFT BUNDLE BRANCH BLOCK.**
5. **MYOCARDITIS/ ENDOCARDITIS/ PERICARDITIS** (Active or recently resolved cases). A past history of these diseases may require additional testing to determine the current capabilities.
6. History of **MYOCARDIAL INFARCTION.**
7. History of **CARDIAC SURGERY** (depending on the procedure and when it was performed).
8. **VALVULAR HEART DISEASE** such as mitral valve stenosis, mitral valve regurgitation, aortic stenosis, mitral valve prolapse, etc.
9. **DYSRHYTHMIAS** such as ventricular tachycardia or fibrillation, Wolff-Parkinson-White syndrome, Paroxysmal Atrial Tachycardia with or without block.
10. **ANGINA PECTORIS** or chest pain of unknown etiology.
11. **CARDIOMYOPATHY** from any cause.
12. **CONGESTIVE HEART FAILURE**
13. **MARFAN'S SYNDROME**
14. **CONGENITAL ANOMALIES**
15. **PACEMAKERS** or **PROSTHETIC VALVES** are generally disqualifying. Any other condition or post-surgical management that requires the use of Coumadin or other anti-coagulants generally is disqualifying.
16. **IMPLANTED CARDIAC DEFIBRILLATORS**, devices that may, as a result either of their normal operation or a malfunction, render the individual suddenly or subtly incapacitated, generally are disqualifying.
17. Any **OTHER CARDIAC DISEASE OR CONDITION** which significantly interferes with normal cardiac function and bears the potential to render the person suddenly incapacitated is generally disqualifying.

PERIPHERAL VASCULAR SYSTEM STANDARD

The peripheral vascular system involves the veins and arteries of the extremities. The applicant/incumbent must have a vascular system that is sufficient for the individual to safely and efficiently carry out the requirements of the job. This may be demonstrated by:

- A physical exam of the vasculature of the upper and lower extremities that is within the range of normal variation, including:
 - o no evidence of phlebitis or thrombosis; and
 - o no evidence of venous stasis or edema; and
 - o no evidence of arterial insufficiency; and
- No evidence by physical examination and medical history of peripheral vasculature conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **CHRONIC VENOUS INSUFFICIENCY**
2. **DEEP VEIN THROMBOSIS**
3. **CHRONIC THROMBOPHLEBITIS**
4. Any **OTHER CHRONIC DISEASE OR CONDITION** which significantly compromises the vascular system and bears the potential to render the person suddenly incapacitated generally is disqualifying.

CHEST AND RESPIRATORY SYSTEM STANDARD

The applicant/incumbent must have a respiratory system that is sufficient for the individual to safely and efficiently carry out the requirements of the job. This may be demonstrated by:

- A physical exam of the respiratory system that is within the range of normal variation; and
- A pulmonary function test (PFT) showing:
 - o forced vital capacity (FVC) of at least 70% of the predicted value; and
 - o forced expiratory volume at 1 second (FEV₁) of at least 70% of the predicted value; and
 - o the ratio FEV₁/FVC of at least 70%; and
- No evidence by physical examination and medical history of respiratory conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **SIGNIFICANT OBSTRUCTIVE OR RESTRICTIVE DISORDER.**
2. **ASTHMA** after the age of 12 years must be considered on a case-by-case basis. A person may be requested to submit documentation of a diagnostic assessment prior to making final recommendations.
3. **ACTIVE PULMONARY TUBERCULOSIS (TB):** A history of confirmed TB that has been treated for longer than 6 months is acceptable provided that documentation supports the treatment history, confirms that the person has been rendered non-communicable, and the other provisions of the Chest and Respiratory System Standard have been met.
4. **HISTORY OF CHRONIC BRONCHITIS ASSOCIATED WITH DECREASED PFT RESULTS.**
5. **LUNG ABSCESS**
6. **PULMONARY EMBOLISM** (within the past 6 months or if there is a recurrent history or use of anticoagulants)
7. **SPONTANEOUS PNEUMOTHORAX** (if recurrent, or recent)
8. **EMPHYSEMA**
9. **SARCOIDOSIS** (if associated with an impaired pulmonary function)
10. **PULMONARY INFARCTION**
11. **TUMORS OF THE LUNG**
12. **PNEUMONECTOMY** (if FEV₁ less than 70%)
13. Any **OTHER RESPIRATORY DISEASE OR CONDITION** which significantly interferes with normal function and bears the potential to render the person suddenly incapacitated is generally disqualifying.

Note: The requirement to use an inhaler (such as for asthma) requires agency review, and further information may be required related to the individual's history, the causes of bronchospastic episodes or exacerbations, and the response to medications.

GASTROINTESTINAL SYSTEM STANDARD

The applicant/incumbent must have a gastrointestinal tract that is sufficient for the individual to safely and efficiently carry out the requirements of the job. The gastrointestinal (GI) tract should be considered normal from the mouth to the anus by the examining physician. The standard may be demonstrated by:

- A physical exam and evaluation of the mouth, abdomen, anus, and rectum that is within the range of normal variation; and
- Normal liver function and blood chemistry laboratory tests; and
- No evidence by physical examination (including laboratory testing) and medical history of gastrointestinal conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **ACUTE AND CHRONIC ACTIVE HEPATITIS**
2. **CROHN'S DISEASE / ULCERATIVE COLITIS / REGIONAL ENTERITIS or IRRITABLE BOWEL SYNDROME** (Satisfactory control or management of these conditions with surgical and/or medical treatments will be considered on a case-by-case basis.)
3. **COLOSTOMIES**
4. **ILEITIS** (recurrent or chronic)
5. **CHOLECYSTITIS or CHOLELITHIASIS** (symptomatic or asymptomatic)
6. **DIVERTICULITIS** (symptomatic)
7. **DYSPHAGIA** from any cause. Severity, treatment, and current status of these conditions will be reviewed on a case-by-case basis.
8. **CIRRHOSIS OF THE LIVER** (depending upon the degree of severity, the etiology, and the prognosis)
9. **INTESTINAL OBSTRUCTION** from any cause, until the condition has fully resolved
10. **PANCREATITIS**
11. **ACTIVE GASTRIC OR DUODENAL ULCER**
12. **GASTRIC OR BOWEL RESECTION**, if there is any evidence (historical or physical) of pain, hemorrhages, fainting episodes or dietary restrictions that could interfere with the performance of the job.
13. An **UNTREATED (and clinically-significant) INGUINAL, INCISIONAL, or VENTRAL HERNIA**.
14. Any **OTHER GASTROINTESTINAL DISEASE OR CONDITION** which significantly interferes with normal function and bears the potential to render the person suddenly incapacitated is generally disqualifying.

GENITOURINARY SYSTEM STANDARD

In general, any dysfunction of the genitourinary or reproductive system that has the capability of interfering with the required tasks or rendering the person suddenly incapacitated may be considered disqualifying. The applicant/incumbent must have a genitourinary system that is sufficient for the individual to safely and efficiently carry out the requirements of the job. Compliance with the standard may be demonstrated by:

- A normal clean catch urinalysis; and
- No evidence by physical examination and medical history of genitourinary conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **POLYCYSTIC KIDNEY DISEASE**
2. **ACUTE or CHRONIC RENAL FAILURE**
3. **NEPHROTIC SYNDROME**
4. **SYMPTOMATIC URINARY CALCULI**
5. **NEUROGENIC BLADDER**
6. **BERGER'S DISEASE**
7. **HISTORY OF RENAL VEIN THROMBOSIS**
8. **UNCORRECTED OBSTRUCTIVE UROPATHIES**
9. **RENAL TOXICITY**
10. **RENAL TRANSPLANTATION** may be considered disqualifying unless the applicant is not taking immunosuppressive drugs and is cleared medically by the surgeon who performed the operation (or the successor surgical consultant for the individual) to participate in strenuous activities, and to withstand blunt trauma to his/her flanks without a greater than normal risk of harm.
11. Any **OTHER GENITOURINARY DISEASE OR CONDITION** which significantly interferes with normal function and bears the potential to render the person suddenly incapacitated is generally disqualifying.

MUSCULOSKELETAL SYSTEM STANDARD

The applicant/incumbent must have a musculoskeletal system that is sufficient for the individual to safely and efficiently carry out the functional requirements of the job. Any condition that adversely impacts an individual's movement, range of motion, agility, flexibility, strength, dexterity, coordination or the ability to accelerate, decelerate and change directions quickly and easily may be considered disqualifying. A healthy musculoskeletal system may be demonstrated by:

- A physical exam of the upper and lower extremities (including all digits), neck, and back that is within the range of normal variation, including strength, flexibility, range of motion, and joint stability; and
- No evidence by physical examination and medical history of musculoskeletal conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **ARTHRITIS** (any etiology) if there is limited joint motion and/or pain.
2. **AMPUTATIONS** of one or more digits if it directly affects the ability to grip and handle weapons or other required equipment and tools efficiently.
3. **AMPUTATIONS OF ANY EXTREMITY.**
4. **ANKYLOSING SPONDYLITIS.**
5. **SCOLIOSIS**, if the lateral curve is 20 degrees or more, or if there is any demonstrable loss of normal and pain-free function.
6. **MUSCULAR DYSTROPHY**
7. **LUMBOSACRAL INSTABILITY**, including pain or limitations of flexibility and strength that limits the individual's ability to stand, bend, stoop, carry heavy objects or sit for long periods of time.
8. **DEGENERATIVE DISC DISEASE** that is symptomatic.
9. **FIXED LORDOSIS OR KYPHOSIS** which limits mobility and skeletal strength.
10. **FRACTURES**: these may require orthopedic evaluation to determine whether functional limitations currently exist. A recent fracture that requires immobilization (or for which limb immobilization is indicated, such as casting, bracing, etc.), and that prevents the safe and efficient performance of the full range of law enforcement duties, will require deferment of the clearance until the injury has healed sufficiently for the treating physician to be able to document that immobilization is no longer required, that no physical limitations are present, and no restrictions are required.
11. **SCIATICA OR OTHER NEUROPATHIES**
12. **CHRONIC LOW BACK PAIN** (by medical history), with or without demonstrable pathology, may be considered disqualifying. Each case will be reviewed in the context of the etiology, the response to therapeutic regimens, frequency of recurrence, exacerbating factors, and lengths of disability associated with the recurrences, combined with the current clinical presentation.
13. A history of a **CHRONIC SPRAIN OR STRAIN OF THE NECK** that limits mobility or causes recurring cephalgia (headaches) may be disqualifying.
14. Evidence of a **CERVICAL RIB, SUBLUXATION, TORTICOLLIS, SYMPTOMATIC THORACIC OUTLET SYNDROME** or a **BRACHIAL CLEFT CYST**
15. Any evidence of a **CERVICAL NEUROPATHY**, including numbness, tingling or loss of motor strength in the upper extremities, may be disqualifying.
16. Any medical condition, congenital or acquired, which interferes with agility, dexterity, the lifting of heavy objects, or the ability to perform the full range of law enforcement duties may be disqualifying.
17. A condition may be disqualifying if there is evidence that the general body symmetry may directly interfere with the safe utilization of issued standard and specialty equipment, including but not limited to handguns, shotguns, handcuffs, motor vehicles, personal protective equipment, etc.

ENDOCRINE AND METABOLIC SYSTEMS STANDARD

Any excess or deficiency in hormone production can produce metabolic disturbances affecting weight, stress adaptation, energy production, and a variety of symptoms or pathology such as elevated blood pressure, weakness, fatigue and collapse. The applicant/incumbent must have endocrine and metabolic functions that are sufficient for the individual to safely and efficiently carry out the requirements of the job. This may be demonstrated by:

- A physical exam of the skin, thyroid, and eyes that is within the range of normal variation; and
- Normal fasting blood sugar level; and
- Normal blood chemistry results; and
- No evidence by physical examination (including laboratory testing) and history of endocrine/metabolic conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **ADRENAL DYSFUNCTION** (such as Addison's Disease or Cushing's Syndrome).
2. **THYROID DISEASE** that is uncontrolled or associated with complications. Hypothyroidism adequately controlled by hormone replacement may be considered acceptable.
3. **PITUITARY DYSFUNCTION**
4. **DIABETES MELLITUS**
5. **HYPERGLYCEMIA**
6. **DIABETES INSIPIDUS**
7. Any **OTHER ENDOCRINE CONDITION** which significantly interferes with normal function and bears the potential to render the person suddenly incapacitated generally is disqualifying.

HEMATOPOETIC SYSTEM STANDARD

The applicant/incumbent must have a hematopoietic (blood and blood-producing) system that is sufficient for the individual to safely and efficiently carry out the requirements of the job. This may be demonstrated by:

- A physical exam of the skin that is within the range of normal variation; and
- A complete blood count (including at least hemoglobin, hematocrit, platelets, and white blood count, with differential) that is within the normal range; and
- No evidence by physical examination (including laboratory testing) and medical history of hematopoietic conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **ANEMIA**
2. **INHERITED CLOTTING DISORDERS (ex. HEMOPHILIA)** generally are disqualifying
3. **CHRONIC LYMPHANGITIS**
4. **THROMBOCYTOPENIA OR CLOTTING DISORDER**
5. **SICKLE CELL ANEMIA**
6. **SPLENOMEGALY**
7. Any **OTHER HEMATOPOETIC CONDITION** which significantly interferes with normal function and bears the potential to render the person suddenly incapacitated is generally disqualifying.

PROSTHETICS, TRANSPLANTS, AND IMPLANTS STANDARD

The presence or history of organ transplantation or use of prosthetics or implants are not of themselves disqualifying. However, the applicant/incumbent must be able to safely and efficiently carry out the requirements of the job despite these factors. This may be demonstrated by:

- No evidence by physical examination and medical history that the transplant, the prosthesis, the implant, or the conditions that led to the need for these treatments are likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

Note: For individuals with transplants, prosthetics, or implanted pumps or electrical devices, the examinee will be required to provide for agency review satisfactory documentation from his/her surgeon or physician that the individual (and, if applicable, his/her prosthetic or implanted device) is considered to be fully cleared and compatible with the specified functional requirements of the job.

INFECTIOUS DISEASE / IMMUNE SYSTEM / ALLERGIC DISORDERS STANDARDS

The applicant/incumbent must be free of communicable diseases, have a healthy immune system, and be free of significant allergic conditions in order to safely and efficiently carry out the requirements of the job. This may be demonstrated by:

- A general physical exam of all major body systems that is within the range of normal variation, including:
 - no evidence of current communicable disease that would be expected to interfere with the safe and effective performance of the requirements of the job; and
 - no evidence of current communicable disease that would be expected to pose a threat to the health of any co-workers or the public; and
- Normal complete blood count, including white blood count and differential; and
- No evidence by physical examination and medical history of infectious disease, immune system, or allergy conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **HEREDITARY ANGIOEDEMA**
2. **GOODPASTURE'S SYNDROME**
3. **AUTOIMMUNE HEMOLYTIC ANEMIA**
4. **VASCULITIS**
5. **HASHIMOTO'S THYROIDITIS**
6. **MYASTHENIA GRAVIS**
7. **SYSTEMIC LUPUS ERYTHEMATOSUS**
8. **STINGING INSECT ALLERGY**
9. Any **OTHER INFECTIOUS DISEASE, IMMUNE SYSTEM, OR ALLERGIC CONDITION** which significantly interferes with normal function and bears the potential to render the person suddenly incapacitated is generally disqualifying.



Appendix C – Verification of Medical Status United States Department of the Interior

NATIONAL PARK SERVICE
1849 C Street, N.W.
Washington, D.C. 20240

IN REPLY REFER TO:
P2217

MEMORANDUM

To: Human Resources, _____ (Park Area)
Chief Park Ranger, _____ (Park Area)

From: _____ (Returning Permanent/Seasonal)

Subject: Verification of Medical Status

I am verifying that during the time period since I left employment with the National Park Service (NPS) _____ (last date of employment) at _____ (last NPS area employed), that I have not sustained any injury nor incurred any new or changed medical condition that may be disqualifying or may affect my safe performance as a law enforcement Park Ranger or Special Agent as described under the Medical Standards in Director's Order/Reference Manual - 57.

I understand that withholding or falsifying any reporting of my current medical condition will lead to my termination of employment with the National Park Service. I understand that I may contact the Medical Standards Program Manager, WASO, at (202) 513-7199, with any questions on the above described Medical Standards before submitting this verification.

Printed name and date

Signature

Appendix D – Initial Waiver Request

[Date]

Memorandum

To: Medical Standards Program Manger, WASO

Through: Chief Park Ranger, Supervisory Special Agent, Superintendent, or Unit Manager
[Name], [Park Name]

From: Park Ranger or Special Agent, [Name], [Park Name]

Subject: Medical Standards Initial Waiver Request for Law Enforcement

I was recently notified that I am not medically qualified to perform rigorous duties as a NPS Law Enforcement Officer. I did not meet the NPS Medical Standard(s) for [medical standard/reason].

I am requesting a waiver [with restriction or accommodation?] of the NPS Medical Standard(s) for [medical standard]. Attached for your review is documentation including: my work history, a statement from my supervisor, statements from co-workers [and any additional attachments]. I have safely and effectively performed rigorous law enforcement duties as an NPS law enforcement officer without undue risk to myself or others and will be able to continue in this manner within the dictates of this requested waiver(s) of the medical standard(s).

If I change positions or my medical condition changes prior to the review of my next required NPS medical examination, I will notify the Medical Standards Program Manager within 14 days.

Park Ranger/Special Agent [Signature] [Date]

**Supervisor Verification required by either:
Chief Park Ranger, Special Agent in Charge, Superintendent or Unit Manager:**

I concur with an approval of the waiver(s) of the NPS Medical Standard(s) and the above statements of [Name], Law Enforcement Park Ranger/Special Agent that s/he has safely and effectively performed rigorous law enforcement duties and that s/he will be able to continue in that manner within the dictates of this requested waiver(s) of the medical standard(s). I will provide a separate narrative statement, as part of the requirement for this waiver request.

Chief Ranger/Special Agent in Charge, Superintendent [Signature] [Date]

If the supervisor elects not to sign the above statement, the employee should submit this request with notification that the supervisor elects not to sign.

Appendix E – Waiver Renewal Request

Date]

Memorandum

To: Medical Standards Program Manger, WASO

Through: Chief Park Ranger, Supervisory Special Agent, Unit Manager or
Superintendent [Name] [Park Name]

From: Park Ranger, Special Agent [Name]
[Park Name]

Subject: Medical Standards Waiver Renewal Request for Law Enforcement

I was recently notified that I am not medically qualified to perform rigorous duties as a NPS Law Enforcement Officer. I did not meet the NPS Medical Standard(s) for [medical standard/reason]. This was raised during a previous NPS medical determination from [date] while I was employed at [park]. I appealed for a waiver of the NPS Medical Standard(s). A waiver(s) was approved and I was medically qualified with a waiver, to perform rigorous duties as a NPS law enforcement officer.

I am requesting a renewal of my initial waiver(s) [with restriction or accommodation?], of the NPS Medical Standard(s) for [medical standard/reason]. I have safely and effectively performed rigorous law enforcement duties as a NPS Park Ranger/Special Agent without undue risk to myself or others and will be able to continue in this manner within the dictates of this requested renewal of my initial waiver(s) of the medical standard(s).

If I change positions or my medical condition changes prior to the review of my next required NPS medical examination, I will notify the Medical Standards Program Manager within 14 days.

Park Ranger/Special Agent [Signature] [Date]

**Supervisor Verification required by either:
Chief Park Ranger/Special Agent in Charge/Unit Manager/ or Superintendent:**

I have reviewed the documentation included in this waiver renewal request and I concur with an approval of the waiver renewal of the NPS Medical Standard(s) and the above statements of [Name], Law Enforcement Park Ranger/Special Agent that s/he has safely and effectively performed rigorous law enforcement duties and that s/he will be able to continue in that manner within the dictates of this requested waiver(s) of the medical standard(s). If requested by the MSPM, I will provide a narrative statement in support of this waiver renewal request.

Chief Park Ranger/Special Agent in Charge [Signature] [Date]

If the supervisor elects not to sign the above statement, the employee should submit this request with notification to the MSPM that the supervisor elects not to sign.