

ADMINISTRATIVE PROCEDURES



Procedure Number: 30-19

Effective Date: 08/04/2009

Revision Date: _____

C. Dunkelbaun

County Administrator

SUBJECT: **SPECIAL MEDICAL EVALUATIONS**

DEPARTMENT RESPONSIBLE: **Finance and Risk Management**

1. STATEMENT

The Appointing Authority of the Department may refer an employee for a special medical evaluation only when the employee meets one of the following criteria:

- The employee's ability to perform job duties is impaired by a medical condition, or;
- The employee poses a direct threat to him/herself or others, specifically due to a medical condition.

This procedure is to establish specific protocols for administering a Special Medical Evaluation (SME). The SME will only be authorized if one of the above criteria can be met and objectively documented.

2. PROCEDURE

2.1. Department responsibilities:

2.1.1. The request for an SME shall be submitted to the Risk Management Division by the employee's Appointing Authority.

2.1.2. The department shall submit the SME request form, along with all necessary documentation, to include any and all medical documentation the employee may have submitted to the department. This documentation is needed by Risk Management staff to make a determination as to whether the request meets the necessary guidelines. The SME form may be found as Attachment I to this procedure and at: <http://intranet.pima.gov/Finance/PDFs/SMERequestForm.pdf>.

2.2. Risk Management responsibilities:

- 2.2.1. Risk Management shall review the request for an SME and make a determination within three (3) working days with regards to approval. If the request is not approved, the department shall be notified of the reason for the denial in writing.
- 2.2.2. If the request for the SME is approved, the department shall be notified in writing and the employee shall be referred to one of the County's occupational medicine providers (or other physician/specialist if deemed necessary) for an evaluation.
- 2.2.3. The Risk Management Division will schedule an appointment with a physician within four (4) working days of the approval of the SME request. If an appointment needs to be made with a specialist, the appointment shall be scheduled on the earliest possible date. Risk Management shall advise the employee and the department in writing of the date, time, and location of the appointment. A signed standard medical release must be obtained from the employee so that the selected physician can obtain and review medical records from other medical providers.
- 2.2.4. A purpose letter will be sent from Risk Management to the selected physician/specialist outlining the specific business-related medical questions to which the physician needs to respond regarding the referred employee. In addition to the purpose letter and medical release form, Risk Management will also provide to the selected physician a list of the essential functions of the job, a copy of the Physical Description Questionnaire (PDQ), and documentation provided by the department relating to the job.
- 2.2.5. After the physician evaluates the employee, a Work Status Report will be generated and sent to Risk Management by the physician. Risk Management will provide a copy of the Work Status Report to the Appointing Authority and provide a memo to the Appointing Authority with the answers to the specific business-related medical questions submitted to the physician. Risk Management will advise the Appointing Authority whether the employee can safely perform the functions of the assigned job.

**PIMA COUNTY
DEPARTMENT OF FINANCE & RISK MANAGEMENT**

*RISK MANAGEMENT DIVISION
150 W. CONGRESS ST., 1ST FLOOR
TUCSON, ARIZONA 85701-1317
(520) 243-4477 FAX (520) 791-6516*

Request for Special Medical Examination (SME)

Department: _____

Employee Name: _____

EIN: _____

Class Title: _____

Class Code: _____

- 1. Is the employee currently engaged in the ADA process with Pima County? Yes No
- 2. Is the employee currently on or just returning from FMLA? Yes No
- 3. Is the reason for the SME request related to a FMLA situation? Yes No
- 4. Has the employee recently been off work due to a medical condition for any period of time, regardless of FMLA status? Yes No
- 5. Has the employee provided a "return to work note" from a treating Physician? If yes, provide a copy. Yes No
- 6. Is the employee taking medication that appears to be impacting his/her ability to do the job? If yes, provide information about the medication and how this impacts his/her ability to do the job. Yes No
- 7. Is the employee's ability to perform the required functions of his/her job impaired by a medical condition? If yes, explain in detail. Yes No
- 8. Is the employee in a safety sensitive position? If yes, explain any actions taken to protect the employee and others. Yes No
- 9. Is the employee posing a direct threat to him/herself or others due to a medical condition? If yes, explain any actions taken to protect the employees and others. Yes No

Documented, objective evidence must be attached to this request to support a "yes" answer to questions 5 through 9. The Department must provide a description of the job functions affected and an explanation of how this request is job related and consistent with business necessity.

Appointing Authority:

Printed Name

Original Signature

Date