Filing for an Occupational Disease
An occupational disease (OD) is defined as:

A wound or other condition of the body caused by a specific event or series of events or incidents over more than one work day or work shift.

Form CA-2 [Notice of Occupational Disease and Claim for Compensation] should be completed by the injured worker (IW) and an employing agency (EA) supervisor or injury compensation specialist.

In a case of latent disability, the time for filing a claim does not begin to run until the IW has a compensable disability and is aware, or by the exercise of reasonable diligence should have been aware, of the causal relationship of the compensable disability to his/her employment. In such a case, the time for giving notice of injury begins to run when the IW is aware, or by the exercise of reasonable diligence should have been aware, that the condition is causally related to employment, whether or not there is a compensable disability.
• The front portion of Form CA-2 should be completed by the IW. However, if the IW is incapacitated, this form may be completed by the supervisor or other authorized EA official.

• The IW must indicate when he/she first became aware of the condition (#11) and also when he/she first realized that it was causally related to his/her employment (#12).

• The back of Form CA-2 also asks when the IW was last exposed to the condition(s) which allegedly caused the condition (#29). This is important because this date, along with the two dates above, may be used to determine if the claim was timely filed.
• Review Form CA-2 for completeness ensuring that form has been dated and signed by IW.

• Verify that IW’s home address is correct as noted in Block 7.

• Ensure that the Office of Workers’ Compensation Programs (OWCP) Agency Code has been entered correctly in Block 19.
• Use the CA-35 checklists as a guide for what information IW should submit and what information EA should submit.
• EAs should submit any agency records regarding IW’s exposure to or contact with the agents, substance, noise, etc. which he/she claims caused his/her injury.
• An accurate description of IW’s job duties is also helpful.
• Ensure form has been dated and signed by EA representative.
Basic ODs include conditions such as:

- Orthopedic strains caused by repetitive trauma
- Carpal Tunnel Syndrome
- Tarsal Tunnel and Plantar Fasciitis
- Eye Strain
- Exposure to fumes, dust, smoke (over more than one shift)
  - Second opinions normally not necessary

Extended ODs often require a second opinion to be set up by OWCP and exposure data from EA is also needed:

- Hearing loss
- Asbestosis
- Emotional stress
- Sick building syndrome
- If evidence establishes most of the basic requirements, it may be a *prima facie* case (“first glance”) and OWCP may arrange a second opinion.
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Form CA-2 Review – Page Two

Official Supervisor’s Report of Occupational Disease: Please complete information requested below

Supervisor’s Report

19. Agency name and address of reporting office (include street address, city, state, and ZIP Code)

20. Employee’s duty station (include street address, city, state, and ZIP code)

21. Regular work hours: From ___ a.m. To ___ p.m.

22. Regular work schedule: ___. Mon. ___. Tues. ___. Wed. ___. Thurs. ___. Fri. ___. Sat. ___.

23. Name and address of physician first providing medical care (include city, state, and ZIP code)

24. First date medical care received

25. Do medical reports show employee is disabled for work?

26. Date employee first reported condition to supervisor

27. Date and hour employee stopped work

28. Date and hour employee’s pay stopped

29. Date returned to work

30. If employee has returned to work and work assignment has changed, describe new duties

31. Employee’s Retirement Coverage

32. Was injury caused by third party?

33. Name and address of third party (include street address, city, state and ZIP code)

34. Date employee was last exposed to conditions alleged to have caused disease or illness

35. Signature of Supervisor

I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exception:

Name of Supervisor (Type or print)

Signature of Supervisor

Supervisor’s Title

Office Phone

Form CA-2

An occupational disease (OD) is defined as a wound or other condition of the body caused by a specific event or series of events or incidents occurring:

a) During one work day or work shift
b) Over more than one work day or work shift
Questions

When providing notice of an occupational disease, the injured worker and employing agency should complete and submit:

a) Form CA-1
b) Form CA-2
The agency plays an important role in helping injured employees file a Notice of Occupational Disease claim. The agency responsibilities include:

a) Verify that the employee’s home address is correct
b) Review the Form CA-2 for completeness ensuring that the form is dated and signed.
c) Ensure the OWCP Agency Code has been entered correctly
d) Submit any agency record regarding injured worker’s exposure to or contact with outside factors that caused their injury
e) Certify the form has been dated and signed by the employing agency representative
f) All of the above
1) An occupational disease (OD) is defined as a wound or other condition of the body caused by a specific event or series of events or incidents over more than one work day or work shift.

2) Form CA-2 should be completed by the injured worker (IW) and an employing agency (EA) supervisor or injury compensation specialist.

3) In a case of latent disability, the time for filing claim does not begin to run until the IW has a compensable disability and is aware, or by the exercise of reasonable diligence should have been aware, of the causal relationship of the compensable disability to his/her employment.
4) The IW must indicate when they first became aware of the condition and also when they first realized that it was causally related to their employment. The back of Form CA-2 also asks when the IW was last exposed to the outside factor which allegedly caused the condition. This is important because this date, along with the two dates above, may be used to determine if the claim was timely filed.

5) There are two types of Occupational Disease claims, Basic and Extended. For some Extended OD claims, development may include the need to schedule a second opinion medical examination.