

<sup>1</sup> 5 U.S.C. § 8101 *et seq.*

employment, including exposure to COVID-19 positive veterans and employees. She noted that she first became aware of her condition and its relationship to her federal employment on October 2, 2024. On the reverse side of the claim form, the employing establishment advised that appellant stopped work on October 2, 2024, and had first reported her condition to her supervisor on October 9, 2024. Appellant returned to work on October 15, 2024.

OWCP received October 9 and 11, 2024 notes from a nurse practitioner and an October 9, 2024 polymerase chain reaction (PCR) test, which was positive for COVID-19.

In a November 25, 2024 report, Dr. Donald Unger, a Board-certified family practitioner, indicated that appellant tested positive for COVID-19 on October 9, 2024 after exposure to a COVID-positive individual at work.<sup>2</sup> He opined that appellant's COVID-19 diagnosis was a direct result of her workplace exposure given the temporal proximity of exposure to a COVID-positive individual and her subsequent positive testing for COVID-19.

OWCP accepted the claim for COVID-19 (novel coronavirus).

On October 21, 2024 appellant filed a claim for compensation (Form CA-7) for disability from work for the period October 3 through 11, 2024. In a December 18, 2024 Time Analysis Form (Form CA-7a), she claimed a total of 38 hours, 30 hours for leave without pay and 8 hours for leave buy back. Appellant indicated that she had COVID-19 symptoms on October 3 and 8, 2024 and had tested positive for COVID-19 on October 9, 10, and 11, 2024.

In a development letter dated December 27, 2024, OWCP informed appellant of the deficiencies of her claim. It advised her of the type of medical evidence needed and afforded her 30 days to submit the necessary evidence.

In a December 31, 2024 report, Dr. Kylie L. Morris, an osteopath and Board-certified family practitioner, noted that appellant tested positive for COVID on October 9, 2024. She related that her symptoms, which began on October 2, 2024, consisted of cough, congestion, fever, headache, chills, sore throat, fatigue, body aches and shortness of breath. Dr. Morris explained that COVID is a contagious respiratory illness and that this diagnosis would prevent appellant from having/giving direct care to patients in any capacity without spreading the virus, which would leave her unable to perform her job. She noted that appellant's symptoms would interfere with her ability to provide care to patients, herself, and others she encountered in a safe and healthy way. Dr. Morris further indicated that Center of Disease Control (CDC) guidelines instruct people to stay home while sick and symptomatic.

By decision dated February 4, 2025, OWCP denied appellant's claim for wage-loss compensation, finding that the medical evidence of record was insufficient to establish disability from work for the claimed period due to her accepted employment injury.

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<sup>2</sup> The employing establishment indicated that appellant had been exposed to three positive COVID-19 cases at work on September 13, 20, and 27, 2024.

### **LEGAL PRECEDENT**

An employee seeking benefits under FECA<sup>3</sup> has the burden of proof to establish the essential elements of their claim, including that any disability or specific condition for which compensation is claimed is causally related to the employment injury.<sup>4</sup> For each period of disability claimed, the employee has the burden of proof to establish that they were disabled from work as a result of the accepted employment injury.<sup>5</sup> Whether a particular injury causes an employee to become disabled from work, and the duration of that disability, are medical issues that must be proven by a preponderance of probative and reliable medical opinion evidence.<sup>6</sup>

The medical evidence required to establish causal relationship between a claimed period of disability and an employment injury is rationalized medical opinion evidence. The opinion of the physician must be based on a complete factual and medical background of appellant, must be one of reasonable medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the claimed disability and the accepted employment injury.<sup>7</sup>

The Board will not require OWCP to pay compensation for disability in the absence of any medical evidence addressing the specific dates of disability for which compensation is claimed. To do so would essentially allow an employee to self-certify his or her disability and entitlement to compensation.<sup>8</sup>

### **ANALYSIS**

The Board finds that appellant has not met her burden of proof to establish disability from work for the period October 3 through 11, 2024 causally related to the accepted employment injury.

In her December 31, 2024 report, Dr. Morris indicated that appellant's symptoms of cough, congestion, fever, headache, chills, sore throat, fatigue, body aches and shortness of breath began on October 2, 2024. She explained that COVID-19 is a contagious respiratory illness, that the CDC guidelines instruct people to stay home while sick and symptomatic, and that a COVID-19 diagnosis and appellant's symptoms would prevent her from providing direct care to patients in any capacity without spreading the virus, which left her unable to perform her job. Dr. Morris did

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<sup>3</sup> *Id.*

<sup>4</sup> See *S.F.*, Docket No. 20-0347 (issued March 31, 2023); *M.C.*, Docket No. 18-0919 (issued October 18, 2018); *Kathryn Haggerty*, 45 ECAB 383 (1994); *Elaine Pendleton*, 40 ECAB 1143 (1989).

<sup>5</sup> *A.S.*, Docket No. 25-0106 (issued January 2, 2025); *S.B.*, Docket No. 23-0999 (issued March 28, 2024); *William A. Archer*, 55 ECAB 674 (2004).

<sup>6</sup> *A.S., id.*; *S.G.*, Docket No. 18-1076 (issued April 11, 2019); *Fereidoon Kharabi*, 52 ECAB 291, 293 (2001).

<sup>7</sup> See *A.S., supra* note 5; *B.P.*, Docket No. 23-0909 (issued December 27, 2023); *D.W.*, Docket No. 20-1363 (issued September 14, 2021); *Y.S.*, Docket No. 19-1572 (issued March 12, 2020).

<sup>8</sup> See *M.J.*, Docket No. 19-1287 (issued January 13, 2020); *B.K.*, Docket No. 18-0386 (issued September 14, 2018); *Fereidoon Kharabi, supra* note 6.

not provide sufficient medical reasoning explaining how the accepted COVID-19 diagnosis caused appellant's disability commencing October 2, 2024. The Board has held that a report is of limited probative value regarding causal relationship if it does not contain medical rationale explaining how the claimed disability was related to the diagnosed condition and how it precluded appellant from performing her duties.<sup>9</sup> Thus, Dr. Morris' report is insufficient to establish appellant's disability claim.<sup>10</sup>

OWCP also received a November 25, 2024 report from Dr. Unger, who opined that appellant's COVID-19 diagnosis was a direct result of her workplace exposure given the temporal proximity of exposure to a COVID-positive individual and her subsequent positive testing for COVID-19. However, the Board notes that this report is of no probative value because Dr. Unger did not provide an opinion that appellant was disabled from work during the claimed period causally related to the accepted employment injury.<sup>11</sup> Therefore, the Board finds that this report is insufficient to establish appellant's disability claim.

Appellant submitted reports from a nurse practitioner. The Board has held that treatment notes signed by nurse practitioners are not considered medical evidence as these providers are not physicians under FECA<sup>12</sup> and are not competent to render a medical opinion under FECA. Thus, this evidence is not sufficient to meet appellant's burden of proof.

Appellant also submitted a laboratory test result, dated October 9, 2024, which revealed that she tested positive for COVID-19. However, the Board has held that diagnostic studies, standing alone, lack probative value and are not relevant and pertinent as they do not address whether appellant's employment duties caused a diagnosed condition or disability.<sup>13</sup>

As the medical evidence of record is insufficient to establish that appellant was disabled during the claimed period of disability, the Board finds that appellant has not met her burden of proof.

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<sup>9</sup> See *A.P.*, Docket No. 19-0446 (issued July 10, 2019); *G.G.*, Docket No. 18-1788 (issued March 26, 2019); *E.W.*, Docket No. 17-1988 (issued January 29, 2019).

<sup>10</sup> See *R.P.*, Docket No. 25-0054 (issued December 9, 2024).

<sup>11</sup> See *R.P.*, *id.*; *P.L.*, Docket No. 22-0337 (issued September 9, 2022); *K.F.*, Docket No. 19-1846 (issued November 3, 2020); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

<sup>12</sup> Section 8101(2) of FECA defines a physician as surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners within the scope of their practice as defined by State law. 5 U.S.C. § 8101(2); 20 C.F.R. § 10.5(t). See Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3a(1) (May 2023). See also *David P. Sawchuk*, 57 ECAB 316 (2006) (lay individuals such as physician's assistants, nurses and physical therapists are not competent to render a medical opinion under the FECA); *Paul Foster*, 56 ECAB 208 (2004) (where the Board found that a nurse practitioner is not a physician pursuant to FECA).

<sup>13</sup> See *R.G.*, Docket No. 19-1889 (issued April 14, 2021); *Y.H.*, Docket No. 18-1618 (issued January 21, 2020); *S.D.*, Docket No. 18-1734 (issued March 12, 2019).

Appellant may submit new evidence or argument with a written request for reconsideration to OWCP within one year of this merit decision, pursuant to 5 U.S.C. § 8128(a) and 20 C.F.R. §§ 10.605 through 10.607.

**CONCLUSION**

The Board finds that appellant has not met her burden of proof to establish disability from work for the period October 3 through 11, 2024 causally related to the accepted employment injury.

**ORDER**

**IT IS HEREBY ORDERED THAT** the February 4, 2025 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: March 20, 2025  
Washington, DC

Alec J. Koromilas, Chief Judge  
Employees' Compensation Appeals Board

Janice B. Askin, Judge  
Employees' Compensation Appeals Board

Valerie D. Evans-Harrell, Alternate Judge  
Employees' Compensation Appeals Board