United States Department of Labor
Employees' Compensation Appeals Board

C.K., Appellant	)	
and	)	**Docket No. 26-0580**
	)	**Issued: October 29, 2026**
DEPARTMENT OF AGRICULTURE, U.S. FOREST SERVICE, MASTHEAD ANNEX, Albuquerque, NM, Employer	)	

Appearances:
Appellant, pro se
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
PATRICIA H. FITZGERALD, Deputy Chief Judge
JANICE B. ASKIN, Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On June 8, 2026 appellant filed a timely appeal from February 13 and May 12, 2026 merit decisions of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act[1] (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.[2]

ISSUE

The issue is whether appellant has met his burden of proof to establish a diagnosis of COVID-19 causally related to the accepted employment exposure.

[1] 5 U.S.C. § 8101 *et seq.*

[2] The Board notes that, following the May 12, 2026 decision, OWCP received additional evidence. However, the Board's *Rules of Procedure* provides: "The Board's review of a case is limited to the evidence in the case record that was before OWCP at the time of its final decision. Evidence not before OWCP will not be considered by the Board for the first time on appeal." 20 C.F.R. § 501.2(c)(1). Thus, the Board is precluded from reviewing this additional evidence for the first time on appeal. *Id*.

FACTUAL HISTORY

On September 3, 2025 appellant, then a 34-year-old forestry technician, filed a traumatic injury claim (Form CA-1) alleging that on August 31, 2025 he developed symptoms of COVID-19, including fever, headache, body aches, cough, sore throat, and runny nose, after he was exposed to sick coworkers while in the performance of duty. He did not stop work.

In an attending physician's report (Form CA-20) dated August 31, 2025, Dr. Ryker M. Kiel, Board-certified in emergency medicine, diagnosed COVID-19 and rhinovirus infections. He indicated that the "exact etiology" of the conditions was "unsure, possibly as a result of close working conditions with other sick persons." Dr. Kiel also indicated that "the exposure could have occurred while in close proximity with coworkers and other fire personnel or during travel to the incident."

In a development letter dated September 8, 2025, OWCP informed appellant of the deficiencies of his claim. It advised him of the type of factual and medical evidence needed, including a narrative medical report from a treating physician explaining how his work activities resulted in a diagnosis of COVID-19, and provided a questionnaire for his completion. OWCP afforded appellant 60 days to submit the necessary evidence. In a separate letter of even date, it requested that the employing establishment provide additional information, including comments from a knowledgeable supervisor regarding the accuracy of appellant's contentions. OWCP afforded the employing establishment 30 days to respond.

In a follow-up letter dated October 3, 2025, OWCP advised appellant that it had conducted an interim review, and the evidence remained insufficient to establish his claim. It noted that he had 60 days from the September 8, 2025 letter to submit the necessary evidence. OWCP further advised that if the evidence was not received during this time, it would issue a decision based on the evidence contained in the record.

OWCP subsequently received an emergency room report dated August 31, 2025, wherein Dr. Kiel noted that appellant related complaints of cough and sinus congestion after a possible exposure to COVID-19. Dr. Kiel performed a physical examination and observed no fever and normal pulmonary function. A chest x-ray demonstrated a hazy opacity in the left upper lobe. Polymerase chain reaction (PCR) tests were positive for COVID-19 and rhinovirus. Dr. Kiel diagnosed rhinovirus and COVID-19 infections.

In responses to OWCP's development questionnaire dated October 1 and 31, 2025, the employing establishment indicated that appellant was exposed to at least four individuals who tested positive for COVID-19 for multiple hours over the course of multiple days while fulfilling his duties as a wildland firefighter between August 28 and 31, 2025.

On November 4, 2025 OWCP converted appellant's traumatic injury claim to an occupational disease claim.

By decision dated November 7, 2025, OWCP denied the claim, finding that the medical evidence of record was insufficient to establish causal relationship between the diagnosis of COVD-19 and the accepted employment exposure. It concluded, therefore, that the requirements had not been met to establish an injury as defined by FECA.

On November 19, 2025 appellant requested a review of the written record by a representative of OWCP's Branch of Hearings and Review.

By decision dated February 13, 2026, OWCP's hearing representative affirmed the November 7, 2025 decision.

On April 21, 2026 appellant requested reconsideration of OWCP's February 13, 2026 decision. In support thereof, he submitted a March 26, 2026 updated emergency room report Dr. Kiel again diagnosed COVID-19 and rhinovirus infections.

By decision dated May 12, 2026, OWCP denied modification of the February 13, 2026 decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA[3] has the burden of proof to establish the essential elements of his or her claim, including that the individual is an employee of the United States within the meaning of FECA, that the claim was timely filed within the applicable time limitation of FECA, that an injury was sustained in the performance of duty as alleged, and that any disability or medical condition for which compensation is claimed is causally related to the employment injury.[4] These are the essential elements of each and every compensation claim, regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.[5]

To establish a claim for COVID-19 diagnosed after January 27, 2023, a claimant must provide: (1) evidence of a COVID-19 diagnosis; (2) evidence that establishes the claimant actually experienced the employment incident(s) or factor(s) alleged to have occurred; (3) evidence that the alleged incident(s) or factor(s) occurred while in the performance of duty; and (4) evidence that the COVID-19 condition is found by a physician to be causally related to the accepted employment incident(s) or factor(s). A rationalized medical report establishing a causal link between a diagnosis of COVID-19 and factors of federal employment is required in all claims for COVID-19 diagnosed after January 27, 2023.[6]

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a diagnosis of COVID-19 causally related to the accepted employment exposure.

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[3] *Supra* note 1.

[4] *J.M.*, Docket No. 17-0284 (issued February 7, 2018); *R.C.*, 59 ECAB 427 (2008); *James E. Chadden*, *Sr.*, 40 ECAB 312 (1988).

[5] *B.H.*, Docket No. 20-0777 (issued October 21, 2020); *K.M.*, Docket No. 15-1660 (issued September 16, 2016); *L.M.*, Docket No. 13-1402 (issued February 7, 2014); *Delores C. Ellyett*, 41 ECAB 992 (1990).

[6] FECA Bulletin No. 23-02 (issued December 15, 2022). In accordance with the Congressional intent to end the specialized treatment of COVID-19 claims for Federal workers' compensation under section 4016 of the American Rescue Plan Act (ARPA) of 2021, Public Law 117-2 (March 11, 2021), OWCP issued FECA Bulletin No. 23-02, which updated its procedures for processing claims for COVID-19 diagnosed after January 27, 2023.

Dr. Kiel, in a Form CA-20 dated August 31, 2025, diagnosed COVID-19 and rhinovirus infections and provided a history noted that the "exact etiology" was "unsure, possibly as a result of close working conditions with other sick persons." He opined that "the exposure could have occurred while in close proximity with coworkers and other fire personnel or during travel to the incident." The Board has long held that medical opinions that are speculative or equivocal in nature are of diminished probative value.[7] Therefore, this evidence is insufficient to establish the claim.

In an August 31, 2025 emergency room report, Dr. Kiel diagnosed COVID-19 and rhinovirus infections. In a separate note of even date, he indicated that appellant and a coworker were tested for coccidioides antibodies. In a March 26, 2026 updated emergency room report, Dr. Kiel again diagnosed COVID-19 and rhinovirus infections. However, he did not offer an opinion regarding the cause of the diagnosed conditions. The Board has held that an opinion which does not address the cause of an employee's condition is of no probative value on the issue of causal relationship.[8] Thus, this evidence is insufficient to establish appellant's claim.

Appellant also submitted a chest x-ray and laboratory test results. The Board has held, however, that diagnostic test reports, standing alone, lack probative value as they do not provide an opinion on causal relationship between the diagnosed condition and the accepted employment exposure.[9] This evidence is, therefore, insufficient to establish the claim.

As the medical evidence of record is insufficient to establish a diagnosis of COVID-19 causally related to the accepted employment exposure, the Board finds that appellant has not met his burden of proof.

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 his burden of proof to establish a diagnosis of COVID-19 causally related to the accepted employment exposure.

[7] *See T.F.,* Docket No. 26-0439 (issued July 27, 2026); *D.D.,* Docket No. 25-0751 (issued August 27, 2025); *F.S.,* Docket No. 22-0070 (issued June 14, 2023); *M.L.,* Docket No. 18-0153 (issued January 22, 2020); *N.B.,* Docket No. 19-0221 (issued July 15, 2019).

[8] *See C.M.,* Docket No. 25-0772 (issued December 15, 2025); *L.B*., Docket No. 18-0533 (issued August 27, 2018); *D.K*., Docket No. 17-1549 (issued July 6, 2018).

[9] *L.M*., Docket No. 23-0946 (issued December 18, 2023); *T.H*., Docket No. 18-1736 (issued March 13, 2019).

ORDER

IT IS HEREBY ORDERED THAT the February 13 and May 12, 2026 decisions of the Office of Workers' Compensation Programs are affirmed.

Issued: October 29, 2026
Washington, DC

Patricia H. Fitzgerald, Deputy Chief Judge
Employees' Compensation Appeals Board

Janice B. Askin, Judge
Employees' Compensation Appeals Board

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