

IF YOU ARE FILING A CLAIM FOR A SKIN CONDITION, THIS CHECKLIST DESCRIBES THE INFORMATION NEEDED FROM YOU AND YOUR EMPLOYING AGENCY. All of the following information should be sumitted with Form CA-2. Please return the checklist with your statements attached. Check off each item as it is completed or let us know when we can expect the information. All material submitted should be legible and specific.

FROM EMPLOYEE	-	FROM EMPLOYING AGENCY
 Give a detailed description of employment factors you believe responsible for your condition, to include: a. Specific type of exposure. b. Frequency and duration of exposure. 		 Review and comment on the employee's statements provided in response to ques- tions 1-5. Comment on the exposure claimed, providing any available informa- tion about the trade name and/or chemi- cal content of the suspected irritants.
 c. Protective equipment used to guard against exposure. 		 7. Provide a day-by-day listing of leave and leave without pay used due to this condition. 8. Attach copies of the employee's a. SF-171, Application for Employment. b. Position description with physical requirements. c. Pertinent dispensary records. d. Copies of all physical examinations on file. e. Most recent SF-50, Notification of Personnel Action.
2. Describe any exposure to skin irritants outside the work environment, including the type, duration and frequency of exposure.		
3. Describe any previous skin conditions from the time they began through the present.		
4. Provide treatment records from any physicians who have provided treatment for any skin conditions.		
5. Attach or forward a medical report from your current physician to include:		
a. History of exposure.		
b. Findings.		
c. Diagnosis.		1
d. Details of treatment.		
e. Explanation of the relationship between the findings and exposure history listed in Item no. 1 above.		
 f. Discussion of temporary vs. perma- nent effect from work exposure. 		
g. Work restrictions caused by the condition.		