

# Sandia National Laboratories

## INSTRUCTIONS FOR COMPLETING PHYSICIAN'S CERTIFICATE OF DISABILITY (PCD)

Note 1: See Sickness and Accident Plans Summary – Summary Plan Description, Effective January 1, 2002.

### INSTRUCTIONS TO MANAGER:

1. The immediate manager of an employee who has been absent due to illness for two (2) consecutive calendar days should complete the top portion of the Physician's Certificate of Disability (PCD) [SF 4560-G (05-02)] and send it with the return envelope [SA 4560-H (2-99)] to the employee by the third day of absence. In the event of scheduled surgery or other scheduled treatment, the manager may provide the employee this form and envelope in advance of the anticipated absence.
2. A copy of this form (prior to being completed and containing privileged medical information) may be retained for department files.

### INSTRUCTIONS TO EMPLOYEE:

Sickness absence benefits provide for temporary disability for diagnosed medical conditions with a goal of assisting employees in successfully returning to work. To qualify for paid sickness absence benefits, please follow these instructions:

1. **You must ensure that the top portion of this form is completed including signing the authorization for release of information.** This authorization grants permission to your health care provider to provide supportive medical information for this absence only and will be used to determine eligibility for sickness absence benefits.
2. **You must be seen by your physician or an Urgent Care facility** (not a Sandia Health Services Center physician) **within the first five consecutive workdays or seven consecutive calendar days (eight in SNL/CA) of absence.** If your absence meets the above criteria, you must have your physician complete this form certifying that you were under his/her care and unable to work because of illness. Sandia National Laboratories' physicians are not authorized to complete a PCD. During lengthy absences, you may be required to submit additional PCDs or medical documentation to support the absence, be requested to sign a release for medical information, or be requested to report to the Health Services Center.
3. **The PCD must be received in the Health Services Center within 14 calendar days of the first date of absence.** The SNL Health Services Center and the employee's manager may require a PCD for absences of shorter duration than five consecutive workdays or seven consecutive calendar days (eight in SNL/CA) when in its opinion circumstances warrant.
4. The PCD must be acceptable to the Health Services Center or sickness absence benefit time may be denied. The diagnosis and treatment of the physician or health care practitioner completing this form must be within the scope of their practice and should normally be completed by a Doctor of Medicine (MD), or Doctor of Osteopathy (DO). PCDs are accepted from other health care practitioners only in the following limited situations:
  - a. Chiropractors: Certificates are accepted only for spinal-muscular problems with symptom(s) and signs directly in the back and are not accepted for other health problems, the symptoms and signs of which are in other parts of the body, whether or not attributed to the back by the practitioner.
  - b. Dentists: For any absences involving dental care or treatment which disables you from working. Routine visits for fillings, cleaning, minor extractions or other treatment of similar nature are not considered disabling.
  - c. Podiatrists: Certificates are accepted only when treatment is appropriate for the disability.
  - d. Certified Nurse Practitioner and Physicians' Assistant: Certificates are accepted only when the treatment is appropriate for the disability and it falls within national disability guidelines for recovery.
  - e. Certified Nurse Midwives: For any absence involving normal/ uncomplicated obstetrics and delivery.
5. You do not have to bring this completed certificate with you in order to return to work. The physician or health care practitioner can fax the PCD to (505) 845-8190 (SNL/NM), (925) 294-2392 (SNL/CA) or mail it to the Health Services Center in the self-addressed envelope.
6. You are responsible for returning to work by the date specified on the PCD and approved by the Health Services Center or submitting a new or modified PCD (or other acceptable medical documentation) before the original approved return-to-work date has expired.
7. You **must** return to work through the Health Services Center if you: (1) were hospitalized; (2) underwent a surgical procedure; (3) were absent because of a work-related illness or injury; (4) were absent due to heart or psychiatric conditions; (5) wear a dosimeter and have undergone a nuclear medicine procedure; (6) were evaluated by an outside facility for a potential exposure; (7) were absent more than 40 hours in one month; (8) were absent as a result of any injury or treatment that might effect your job performance; (9) were requested by your manager to do so; (10) were requested by the Health Services Center to do so; or (11) you were absent five consecutive workdays or seven consecutive calendar days (eight in SNL/CA). Members of the workforce may call the Telephonic Return to Work contact at (505) 845-8159 (SNL/NM) or (925) 294-2700 (SNL/CA) to determine whether they can be approved to return-to-work over the phone or need to visit the Health Services Center for approval.
8. **You must obtain the approval of the Health Services Center before you: a) leave town during sickness (for any reason), including medical treatment and/or testing, or b) start a scheduled vacation immediately following sickness absence.**
9. It is your responsibility to discuss the return to work date (as stated on the attached certificate) with your treating physician or health care practitioner and your manager.
10. DOE Order 472.1b requires that DOE clearance access authorizations "be terminated when an individual is on leave of absence or on extended leave and will not require access for at least 90 days." (Note: this includes 90 consecutive calendar days of sickness absence). Prior to the employee's expected return to work, the badge office must be notified by the Health Services Department to request clearance access reinstatement. If reinstatement is not completed prior to the employee's return, she/he will receive a red uncleared access badge and be escorted until the reinstatement is complete.
11. Absences associated with paid and approved sickness absence benefits meet the requirements of the Family and Medical Leave Act (FMLA) for personal sickness. If you are requesting FMLA, complete form SF 4580-D "SNL Application for FMLA" and submit it to the Benefits Department 3341, MS 1021 (NM) or Human Resources Department 8522, MS 9111 (CA).

# Sandia National Laboratories

## PHYSICIAN'S CERTIFICATE OF DISABILITY (PCD)

### THIS PORTION COMPLETED BY EMPLOYEE/EMPLOYEE'S ORGANIZATION

Date Originated		Employee's Name		First Day of Absence
Social Security Number		Address (Street, City, and State)		Home Telephone Number
Org. No.	Mail Stop	Date of Birth	Manager's Name and Phone No.	Represented <input type="checkbox"/> Yes <input type="checkbox"/> No

**Authorization for Release of Information (Signature is Required)**

I authorize any physician, medical practitioner, health care practitioner, hospital, Veterans Administration hospital, clinic, other medical or medically related facility having information as to diagnosis, treatment, and prognosis with respect to any physical or mental condition, and/or treatment of me related to this absence/illness **only**, to provide Sandia National Laboratories' Health Services Center any and all such information.

I understand that the information obtained by use of this Authorization will be used by Sandia National Laboratories' Health Services Center to determine eligibility for benefits. I understand that I have the right to revoke this authorization in writing at any time. This authorization will expire on \_\_\_\_\_ or one year from date of signature.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

### THIS PORTION COMPLETED BY EMPLOYEE'S PHYSICIAN

#### TO PHYSICIAN

Sickness absence benefits provide for temporary disability for diagnosed medical conditions, with a goal of assisting employees in successfully returning to work. An employee must be considered unable to work because of sickness or injury, as certified by the employee's physician, **before** sickness benefits can be paid to the employee. If the employee's absence attributed to sickness is not approved sickness benefit time may be denied. During lengthy absences, additional Physician's Certificates or medical treatment records may be requested. If you have any questions, please contact the Health Services Center at 845-8980 (SNL/NM) or 294-2700 (SNL/CA). **Please keep a copy for your patient medical records.**  
Thank you for your cooperation.  
Larry R. Clevenger, M.D., Medical Director

<b>TREATMENT DATES</b>	Date <b>First</b> Seen During This Absence	Date <b>Last</b> Seen During This Absence
<b>DIAGNOSIS</b>	(Include complications if any)	ICD9 Code
<b>SURGERY</b>	Date	Type of Surgery
<b>HOSPITALIZATION</b>	Date(s)	Name of Hospital
<b>WORK LIMITATIONS</b>	<b>Sandia can normally accommodate restricted physical activity and/or varied work schedule to aid in rehabilitation. If any recommendations of this type are necessary, please indicate type and duration of need in space below.</b> _____ _____ Do you wish a Sandia National Laboratories' physician to contact you regarding rehabilitation of this employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>RETURN TO WORK</b>	<b>It is the Responsibility of the Employee to Discuss the Return-To-Work Date with the Physician.</b> <b>Physician</b> Give Date Employee May Return to Work. → <span style="border: 2px solid red; padding: 2px;">Date Employee May Return to Work</span>	
<b>ATTENDING</b>	Name	Telephone No.
	Address	

I CERTIFY that the patient has been unable to work from the first day of absence (see top of form) to the indicated return-to-work date, or is still unable to return to work.

Signature \_\_\_\_\_

Physician's Signature

Date

### RETURN TO SNL HEALTH SERVICES DEPARTMENT

New Mexico:

P.O. Box 5800 MS 1019  
Albuquerque, NM 87185-1019  
FAX (505) 845-8190

California:

P.O. Box 969 MS 9112  
Livermore, CA 94551-0969  
FAX (925) 294-2392

### THIS PORTION FOR SNL HEALTH SERVICES USE ONLY

Date Received	Approved Until	MCM Initials	Guidelines MDA <input type="checkbox"/> Work Loss <input type="checkbox"/>	Date EE & Mgr Notified	Data Entered (Date)	IT Initials
Notes						