Memorandum

U.S. Department of Transportation
Federal Aviation Administration

Subject: **INFORMATION:** Medical Evaluations of Employees Who Climb Structures

Date: JAN 5 2001

From: Federal Air Surgeon, AAM-1

Reply to Attn of:

To: Director, Office of Environment and Energy, AEE-1
Director, Airway Facilities Service, AAF-1
Regional Flight Surgeons

INTRODUCTION:

This advisory is provided in accordance with the agency Fall Protection Program, as defined in ORDER 3900.19B, FAA OCCUPATIONAL SAFETY AND HEALTH PROGRAM, Chapter 10. The purpose of climber medical evaluations is to determine whether or not there are medical factors that could increase the risk of falls. Examples include, but are not limited to, certain conditions of the cardiovascular, musculoskeletal, pulmonary, and central nervous systems.

APPLICABILITY:

This advisory contains guidance for medical evaluations of agency employees, who climb greater than 6 feet in height on ladders, towers, or structures (excluding stairs), in performance of their job duties.

PROCEDURES:

The Regional Occupational Safety and Health Managers, in coordination with supervisors, shall identify employees who climb structures as part of their assigned job duties. These employees shall complete the attached questionnaire, and return it to the supervisors. To protect employee privacy, responses should be limited to "yes" or "no" for each of the 3 questions.

The requirement for medical evaluations for climbing duties is met when the responses to all 3 of the questions on the Health Risk Identification Questionnaire are "no." Supervisors shall retain the questionnaires with three negative responses in order to document completion of this requirement.

Any questionnaires with a "yes" response shall be forwarded to the Regional Flight Surgeon (RFS) for review. These employees shall not be assigned to climbing tasks unless the RFS determines that medical factors would not present an increased risk of falls. The RFS may request additional information, and/or agency provided examinations or testing.

Specific medical information shall not be released to management unless there is a direct threat to safety.

Management has the final authority for job assignments. AAM recommends that agency employees who have not completed the climber medical evaluation, employees who fail to provide requested information, and employees with identified factors associated with increased risk of falls, not perform climbing tasks.

Employees should climb only when they are sure they can do so safely. Employees who have a significant adverse health change shall complete and submit an updated Health Risk Identification Questionnaire.

ORIGINAL SIGNED BY
JON L. JORDAN, M.D.

Jon L. Jordan, M.D.

Health Risk Identification Questionnaire for
Agency Employees Who Climb Structures, Scaffolds, or Ladders

The purpose of this questionnaire is to determine whether or not there are medical factors that could increase the risk of falls. Examples include, but are not limited to, certain conditions of the heart, lungs, joints, muscles, tendons, and conditions that may impair balance or coordination.

The requirement for medical evaluations for climbing duties (per Order 3900.19B, FAA Occupational Health and Safety Program, Chapter 10, Fall Protection) are met by three (3) "no" responses to the questions below. When all responses are "no," the Facility Supervisor will retain the completed form as verification of satisfactory medical evaluation.

Any questionnaires with a "yes" response shall be forwarded to the Regional Flight Surgeon (RFS) for review. These employees shall not be assigned to climbing tasks unless the RFS determines that medical factors would not present an increased risk of falls. The RFS may request additional information, and/or agency provided examinations or testing.

Management has the final authority for job assignments. AAM recommends that agency employees who have not completed the climber medical evaluation, employees who fail to provide requested information, and employees with identified factors associated with an increased risk of falls, not perform climbing tasks.

Please answer each or the following questions by circling "yes" or "no." Please do not write any additional medical information on this form.

Do you take any physician prescribed medication?	Yes	No
In the past have you had any health or medical related problem while climbing?	Yes	No
Do you have any health or medical conditions that might cause a problem with climbing towers or ladders?	Yes	No

Employees should climb only when they are sure they can do so safely. Employees should report any adverse health or medical issues to their Supervisor, by turning in an updated Health Risk Identification Questionnaire.

_____ _____
Employee Signature Date

_____ _____ (_____)_____
Printed Employee Name Routing Symbol Work Phone