

Medical Services

Employee Occupational Health Services for Local Nationals in Germany

*This regulation supersedes AEA Regulation 40-11, 5 August 2005.

For the Commander:

MICHAEL D. WICKMAN
Major General, GS
Chief of Staff

Official:



SCOTT T. CHANCELLOR
Chief, Document Management
Army in Europe and Africa

Summary. This regulation prescribes policy and procedures for occupational health (OH) medical services for local national (LN) employees in Germany.

Summary of Change. This regulation —

- Is a major revision of procedures due to changes in applicable HN legislation.
- Adds responsibilities of the LN employee supervisors and HN safety professionals ([para 4](#)).
- Explains the different types of examinations and physician's statements ([glossary](#)).
- Lists new documentation requirements throughout.
- Makes administrative changes throughout (for example, phone numbers, email addresses, office symbols).

Applicability. This regulation applies to LN personnel—

- Employed by the U.S. Forces in Germany under the provisions of the *Tarifvertrag vom 16. Dezember 1966 für die Arbeitnehmer bei den Stationierungstreitkräften im Gebiet der Bundesrepublik Deutschland (TV AL II)* (Collective Tariff Agreement), except for personnel employed by the United States Air Forces in Europe/United States Air Forces Africa and its tenant activities. For the purpose of this regulation, "U.S. Forces" includes all activities serviced by the United States Army Civilian Human Resources Agency, Europe Region (CHRA-E).

- Paid from appropriated or nonappropriated funds.
- Assigned to civilian-support organizations in Germany.

NOTE: The administrative responsibilities assigned under this regulation only apply to appropriated and nonappropriated elements of the U.S. Army. Other organizations of the U.S. Forces falling within the scope of applicability of this regulation may use internal forms and establish internal systems and procedures to meet the purpose of this regulation.

Records Management.

a. Records created as a result of processes prescribed by this regulation must be identified, maintained, and disposed of according to AR 25-400-2. Record titles and descriptions are available on the Army Records Information Management System website at <https://www.arims.army.mil>.

b. Occupational health records and exposure data will be kept for at least as long as required by applicable German law. Records will be kept for at least 40 years from the date of termination of employment, or until the employee reaches the age of 75, whichever is longer. The longer period will apply.

Forms. This regulation prescribes AEA Form 40-11A. AEA and higher level forms are available through the Army in Europe Library & Publishing System (AEPUBS) at <https://armyeitaas.sharepoint-mil.us/sites/aeapubs/> or <https://www.aepubs.eur.army.mil/>.

Proponency. The proponent of this regulation is the Office of the Command Surgeon (OCSURG), HQ USAREUR-AF (mil 537-0058). Users may suggest improvements to this regulation by sending DA Form 2028 through the USAREUR-AF OCSURG, HQ USAREUR-AF, Unit 29351, APO AE 09005-9351, to the Public Health Command Europe, Unit 33105, APO AE 09180-3105.

Distribution. This regulation is available only electronically and is posted in AEPUBS at <https://armyeitaas.sharepoint-mil.us/sites/aeapubs/> or <https://www.aepubs.eur.army.mil/>.

CONTENTS

1. Purpose
2. References
3. Explanation of Abbreviations and Terms
4. Responsibilities
5. General
6. Procedures

Appendix

- A. References
- B. Physician's Statements for Local National Employee Medical Evaluations

Glossary

1. PURPOSE

This regulation establishes policy and procedures for providing occupational health (OH) medical services under the USAREUR-AF Occupational Health Services Contract (UOHSC). This regulation will not supersede or change existing legal or regulatory policy.

2. REFERENCES

[Appendix A](#) lists references.

3. EXPLANATION OF ABBREVIATIONS AND TERMS

The [glossary](#) defines abbreviations and terms.

4. RESPONSIBILITIES

a. The Commander, United States Army Public Health Command Europe (PHCE), will—

(1) Fund and manage industrial hygiene (IH) and OH divisions to carry out the requirements of this regulation.

(2) Ensure that OH medical services are provided for local national (LN) employees by a contract with a competent OH service contractor.

(3) Ensure that the OH service contractor provides OH surveillance and other required OH services, such as on-site or individual preventive medicine services, to designated employees according to the following:

(a) *Verordnung zur arbeitsmedizinischen Vorsorge (ArbMedVV)* (Ordinance on Preventive Occupational Health Care).

(b) *Arbeitsmedizinische Regeln (AMR)* (Rules for Preventive Occupational Medicine Examinations).

(c) *Ausschuss Arbeitsmedizin der Gesetzlichen Unfallversicherung, Information der Deutschen Gesetzlichen Unfallversicherung (DGUV-I) 250er-Reihe.* (DGUV-I 250-Series, Information of the German Statutory Accident Insurance).

(d) Other applicable host nation (HN) occupational safety and health legislation as well as accident prevention regulations that require or recommend the evaluation of medical fitness for specific job duties.

(4) Ensure that OH offices and employing units maintain a list of LN employees and the names of designated contractors for referral.

NOTE: Employee lists with personally identifiable information (PII) (for example, names, birthdates, employee identification number) must not be distributed in mass emails. Supervisors will only be provided personal information of their respective subordinates.

(5) Ensure that employees are referred to the OH service contractor to receive mandatory, optional, or elective OH evaluations ([glossary](#)) as well as necessary fitness-for-duty examinations ([glossary](#)) based on potential or documented workplace hazards.

(6) Maintain a database in accordance with the provisions of the Preventive Occupational Health Care Ordinance (*ArbMedVV*, section 3(4)).

(a) The database will include—

1. The LN employee's personal information.
2. The LN employee's current position.
3. LN employee work-exposures.
4. All occupational medical evaluations ([glossary](#)).
5. When and why an occupational medical evaluation took place.
6. The physician's statement ([glossary](#)).
7. Any re-evaluation dates set by the physician.

(b) Personal medical information is not stored in the database.

(c) Medical evaluations must be kept on file at least 40 years from the date of termination of employment, or until the employee reaches the age of 75, whichever is longer, if the employee was exposed ([glossary](#)) to hazards causing a delayed health damage or may have been exposed to such hazards (for example, noise, asbestos).

(d) The employee will receive a copy of the stored employee data at any time on request. When separating from employment with the U.S. Forces, employees will receive a printout of their data.

NOTE: The employee will not be provided with multiple copies of identical data.

(e) If the employee changes employment within the U.S. Forces to an organization not serviced by PHCE, the data must be transferred to the new organization.

(f) The *Unfallversicherung Bund und Bahn* (Statutory Accident Insurance for the German Federal Government and the German Railway), as the German statutory accident insurance carrier for LN personnel employed by the U.S. Forces, will receive a copy of individual employee data for the purposes of occupational accident and illness investigations on request. Such requests can be made through the USAREUR-AF HN safety and occupational health specialist, the G1 Civilian Personnel Directorate, the United States Army Civilian Human Resources Agency, Europe Region (CHRA-E), or directly to the employing unit.

(7) Ensure that IH and OH professionals maintain knowledge and understanding of applicable HN occupational safety and health regulations.

(8) Advise commanders of their responsibilities and the best methods to minimize or eliminate hazardous exposures or working conditions that have potential to adversely affect the employee's health.

(9) Help the OH service contractor to verify individual employee exposure and to determine personal protective equipment (PPE) ([glossary](#)) requirements. A copy of the employee's hazard assessment including duties that may result in hazardous exposures must be provided to the contractor on request.

(10) Ensure that job-related medical evaluations, which were ordered through procedures described in this regulation, are provided to the employee at no cost.

(11) Provide a contracting officer's representative (COR) to monitor the daily performance of the contract.

(12) Schedule quarterly meetings between PHCE and the OH service contractor. The USAREUR-AF HN safety and occupational health specialist ([subpara e\(1\) below](#)), and representatives of the USAREUR-AF Head Works Council (HWC) and the USAREUR-AF Head Severely Handicapped Employee (SHE) Representative Group ([subpara d below](#)) will also attend these meetings.

b. Commanders and agency chiefs will—

(1) Ensure that supervisors and employees are knowledgeable about the OH program and their responsibilities.

(2) Ensure that supervisors enforce employee compliance with OH program requirements.

(3) Promote and maintain a healthy and safe work environment for all employees.

(4) Ensure that supervisors enforce employee use of PPE.

(5) Notify PHCE OH of an employee's separation and ensure that the corresponding database printout and medical certificates are handed out to the employee upon his or her separation ([subpara a\(6\)\(d\) above](#)).

(6) Notify the servicing HN safety specialist, the responsible works council, and the SHE representative (as appropriate) about employees who objected to a mandatory OH medical evaluation. Provide an update in case a resolution was made.

c. Local works councils and representatives of SHEs will—

(1) Execute their legal functions according to this regulation.

(2) In coordination with commanders and agency chiefs, contact the PHCE COR and the local area OH service contractor's office to coordinate times for the OH service contractors to visit selected worksites. Worksite visits will also be coordinated with the local safety office or servicing HN safety specialist.

(3) Receive minutes of the investigations, inspections, and discussions in which they are to be involved according to the *Modifizierte Bundespersonalvertretungsgesetz* (Modified German Federal Personnel Representation Law), section 81.

d. The HWC and the USAREUR-AF Head SHE Representative Group will provide a representative to attend quarterly meetings between PHCE and the OH service contractor (subpara a(12) above).

e. The USAREUR-AF HN safety and occupational health specialist will—

(1) Attend the quarterly meetings between PHCE and the OH service contractor (subpara a(12) above).

(2) Support USAREUR-AF units and other units and organizations supported by CHRA-E in the determination of the necessity and appropriateness of fitness-for-duty examinations that are not covered by HN legal requirements (for example, examination G25 (driving-, controlling-, and monitoring work) or examination G41 (working at heights)). Resulting necessity and appropriateness documents will be coordinated with the HWC if appropriate, or issued as guidance for local commands.

f. CHRA-E will—

(1) Provide the local PHCE OH office with a list of—

(a) All LN employees for each area. This list will be sent on the first workday of January, April, July, and October of each year.

(b) Newly assigned employees and employees who were separated the previous month. An updated list must be provided each month, and will include employees who were transferred from another agency or another position during this timeframe. In case of potentially hazardous work environments, the local PHCE OH office must be informed immediately about any newly separated employees, or about any newly assigned employees to allow for mandatory evaluations (glossary) before the employees commence with the assigned duties.

(2) Through the civilian personnel advisory center (CPAC)—

(a) Provide a copy of the job description and the Employment Health Reference Sheet (AEA Form 40-11A) to the employee during the employee's inprocessing. CPAC will advise the new employee to provide the documents to the supervisor for submission to the local PHCE OH office.

(b) In coordination with the PHCE occupational health professional, provide new employees with information about the OH medical evaluation program, the OH POC, and add training documentation to the respective personnel file.

(c) In coordination with PHCE OH and the local command, schedule information sessions for supervisors who have not yet received information about the OH medical evaluation program.

(3) Provide local PHCE OH position descriptions for LN employees in both German and English when requested.

g. Supervisors will—

(1) Ensure that job hazard assessments (JHAs) will be prepared for all jobs or tasks. The JHA must include a summary of hazards, PPE requirements, provisions for hazard-communication training, and job-related medical evaluations, as applicable, based on input received from the safety office, OH, and IH.

(2) Coordinate periodic employee OH medical evaluations, as required for each employee, with the respective PHCE OH office, and the OH service contractor as follows:

(a) Complete AEA Form 40-11A for all employees.

(b) Submit AEA Form 40-11A for review to the appropriate PHCE OH office. Ensure that the OH office has reviewed and agreed on the OH medical evaluation requirements.

(c) Inform employees of medical evaluations to include fitness-for-duty examinations if applicable, PPE requirements of the job, and changes to [subparagraphs \(1\) and \(2\)\(a\) and \(b\)](#) above.

(d) Inform the employee, in writing, of upcoming mandatory or optional OH medical evaluation and request a written response.

1. If the employee declines an optional OH medical evaluation—

a. Forward a copy of the signed declination to the respective PHCE OH office.

b. Offer the optional examination again after 12 months.

NOTE: The employee can continue all tasks as previously.

2. If the employee refuses a mandatory OH medical evaluation—

a. Forward a copy of the declination to the respective PHCE OH staff, the servicing HN safety specialist and servicing CPAC.

b. Inform the commander or agency chief about the refused mandatory OH medical evaluation.

c. Remove the employee who refused mandatory OH medical evaluation(s) from the respective hazardous worksite while a written administrative resolution is pending.

d. Upon resolution, notify the commander or agency chief and provide a copy of the written administrative resolution to the servicing HN safety specialist, the local PHCE OH office, and the servicing CPAC.

(3) Coordinate necessary fitness-for-duty examinations, as required, with the respective CPAC and the OH service contractor as follows:

(a) Provide the justification for the examination to the employee. The justification is either the reference to an applicable German law or a copy of the necessity and appropriateness document ([para 4e\(2\)](#)).

(b) Before coordinating an appointment for a fitness-for-duty examination, ask the employee to sign a release statement for the examination results (physician's statement) ([appendix B](#)) and explain to the employee why the release is needed. The signed release statement authorizes the OH service contractor to inform the employer only about "fit" or "unfit" status ([appendix B](#)). The signed release statement will be provided as an original to the OH service contractor. If the employee refuses to release the information "fit" or "unfit" to the employer, proceed as if the employee refused a mandatory OH medical evaluation.

(c) Fitness-for-duty examinations should be performed and kept separately from OH elective, optional, and mandatory evaluations if operationally possible.

(4) Obtain support from OH, IH and safety professionals to review JHAs and to evaluate work environment for hazards if an employee requests an elective OH medical evaluation. The employee must state in writing which evaluation(s) he or she is requesting or which hazards he or she is exposed to. Supervisors must inform the employee about the hazard assessment results, necessary abatement, and potential corrections to the existing selection of OH medical evaluations in writing.

(a) If the employee is exposed to hazard(s) above established thresholds, or with an unknown exposure level, submit the employee to the respective OH evaluation. Supervisors will ensure that hazards will be quantified and abated, and that the selection of optional and mandatory OH medical evaluation will be updated in the JHA and the OH database.

(b) If it can be documented that the employee has no exposure to the hazard(s), provide appropriate documentation to the employee and ensure that the employee understands it. No examination will be scheduled. Provide documentation to the PHCE OH office.

NOTE: An elective OH medical evaluation may be performed even if the exposure is below action levels ([glossary](#)), or if the actual exposure levels could not be verified by IH measurements.

(5) Coordinate examinations of terminating employees, if required, with the respective PHCE OH office.

(6) Schedule the appointment during regular work hours of the employee when operationally possible. OH medical evaluations are normally performed during work hours.

(7) Ensure that LN employees report for scheduled medical evaluation appointments with the OH service contractor on time. If an employee is unable to attend the appointment, ensure that cancellation or rescheduling of the appointment is made within the identified timeframe set by the OH service contract.

NOTE: The supervisor is responsible to make the individual appointment of an employee at the OH service contractor based on information provided on the coordinated AEA Form 40-11A. The supervisor may delegate the authority to the employee for mandatory, optional, and elective OH medical evaluations after he or she received the employee's written response referred to in [paragraph 4g\(2\)\(d\)](#).

(8) Implement instructions received from the OH service contractor regarding recommended or required workplace restrictions, changes, or other limitations based on the medical evaluation results. Supervisors will contact the OH professional and the servicing safety office for guidance if the implementation creates other hazards or operational issues.

(9) Report changes in workplace practices or procedures to the responsible HN safety professional, OH, and IH professionals.

h. The servicing safety office will—

(1) Identify and maintain a list of work areas that have occupational and safety hazards. This list will be shared with local PHCE IH and OH offices.

(2) Report any observed health concerns about an employee to the supervisor, the PHCE IH and OH offices, to the representatives of the responsible works council, and the SHE representative responsible for the employee.

(3) Assist supervisors to determine the need for fitness-for-duty examinations.

(4) Assist supervisors with problem-solving guidance if changes recommended after an OH medical evaluation create other risk or operational problems in the work environment.

(5) Communicate specific and detailed concerns, complaints, and suggestions for improvements to LN OH medical services provided by contractors to the local PHCE OH office and the USAREUR-AF HN safety and occupational health specialist. Include names, dates of appointments, locations of appointments, and times whenever possible. This information is especially important if action or resolution is desired.

(6) Request determination of necessity and appropriateness of a fitness-for-duty examination (para 4e(2)) from the USAREUR-AF HN safety and occupational health specialist when needed. The servicing safety office will provide additional information about the working conditions and the risk involved if necessary.

i. LN employees will—

(1) Follow safe and healthy work practices and comply with all applicable worker-protection requirements (for example, occupational safety, OH, and IH).

(2) Attend required OH medical evaluations and comply with required follow-up medical appointments provided by the OH service contractor. LN employees will inform supervisors of follow-up or additional medical evaluations and the time needed for the evaluations.

(3) Inform the supervisor as soon as possible if they are unable to attend a scheduled appointment for an OH medical evaluation.

(4) Inform the supervisor immediately if personal health conditions render them temporarily unfit to perform tasks that require wearing a specific PPE, or if a health condition was the cause for an OH medical evaluation.

(5) Not be reimbursed if they elect to have OH examinations completed by a physician other than the OH-services contracted physician. In such cases, the following must be ensured in order for the evaluation results to be accepted:

(a) The physician must be certified to practice OH.

(b) The employee is responsible for providing a written English copy of the physician's statement to the supervisor and OH professional. Translation fees will not be reimbursed.

5. GENERAL

a. The UOHSC will meet regulatory OH requirements for LN employees. In cases of conflict between U.S. and German law on exposure standards and medical surveillance, all German standards and requirements must be met. When U.S. standards are stricter than German standards, the U.S. standards will be used when all of the following apply:

(1) Applying the U.S. standards is more practical.

(2) Use of the U.S. standards has been agreed to by the appropriate works council (local or HWC).

(3) The implementation and use of U.S. standards has been coordinated with the OH service contractor.

b. PHCE will ensure that a contract is in place to provide LN employees with OH medical services. The OH service contractor is responsible for providing the health surveillance of designated employees according to the regulations listed in [para 4a\(3\)](#). Information that is collected and maintained in OH databases will be used to meet the requirements of these regulations.

c. Time away from the actual worksite for medical-surveillance examinations will be considered duty time.

d. The OH services contractor will provide PHCE OH and the examined employees copies of evaluation results.

6. PROCEDURES

a. PHCE OH professionals will—

(1) After coordination with the local command and the servicing CPAC (if applicable), instruct employees and their supervisors or POCs about the—

(a) Preventive occupational medicine program and its purpose.

(b) Role and function of PHCE.

(c) Role and function of the responsible OH service contractor.

(d) Different types of medical evaluations, including required procedures and timeframes for cancellation of scheduled appointments.

(e) Procedures for safeguarding PII and personal health information (PHI), in particular which information will be released to the employer by the OH service contractor, and which information will only be available to the employee.

(2) Ensure that the employee signs a written statement to confirm the receipt of the instructions ([subpara 6a\(1\)\(a\) through \(e\) above](#)). The original will be provided to CPAC, one copy remains with PHCE, and one copy will be provided to the supervisor. The employee is entitled to a copy on request.

(3) Make regular workplace visits to identify potential health hazards and ensure that employees are provided the correct medical surveillance and fitness-for-duty examinations.

(4) Maintain a database of all LN employees (former, existing, and new) who require medical surveillance for exposure to health hazards, and of the associated preventive occupational medicine examinations (former G-codes ([glossary](#))), for each exposure according to current German OH standards in the *ArbMedVV* as implemented by the *AMR*. The database must include the—

(a) Current position.

(b) Required evaluations.

(c) Last date when each evaluation was conducted or completed.

(d) Type of each evaluation: mandatory, optional, elective; or fitness-for-duty examination, respectively.

(e) The reevaluation date for each evaluation as determined by the OH-services contracted physician. When the employee no longer requires the evaluation include:

1. The starting date from which the exam is no longer required.

2. The date of the last evaluation.

NOTE: Health hazards with a long latency may require evaluations even after the exposure ended (for example, asbestos exposure).

(5) Use information provided by CHRA-E and CPAC about existing employees, new hires, and transfers to keep track of necessary changes to the medical evaluation program.

(6) Ensure that the appropriate OH medical evaluations will be selected by reviewing AEA Form 40-11A submitted by the supervisor for correctness.

(a) Changes in the selection of a medical evaluation will be based on existing hazards in the work environment. For fitness-for duty examinations, the selection of a medical evaluation will be based on job duties and substantiated legal requirements.

(b) Disagreements about the selection of necessary OH medical evaluations will be resolved by a team of subject-matter experts, preferably consisting of OH and IH representatives, the supervisor, and the HN safety specialist. The local safety representative, the local works council representative, and the local SHE representative must be invited or will be heard.

(7) Assist organizations making appointments with the OH service contractor by sending a monthly list of LN employees who require periodic medical evaluations to the respective supervisors or organizational POCs.

NOTE: Supervisors will immediately inform PHCE OH professionals about changes to employee's job assignments or hazards. PHCE OH officials will update the list as soon as these changes are reported.

(a) The list will only contain the employee's name and job title (no birth dates), type and due date of the medical evaluation, contact line item number (CLIN), and POC contact information.

(b) For privacy reasons, organizational supervisors and POCs must not distribute the list in mass emails, but will inform their respective subordinates individually of the required evaluations.

(8) At the time of the employee referral, provide the OH-services contracted physician with an authorization for each medical evaluation and a completed AEA Form 40-11A with the following information:

(a) Employee demographic information (for example, employee's name, identification number).

(b) The requested evaluation (G-code) and CLINs.

(c) A brief description of the employee's duties (in English) that may result in hazardous exposure.

(d) Documented exposure levels, if available, or a list of potential hazards based on health-hazard evaluations of the workplace conducted by the IH office or the safety office.

(9) After the medical evaluation is completed—

(a) Review the physician's statement ([appendix B](#)) and update the LN database.

(b) Sign all physician's statements and place them in the individual employee's file. Inform the supervisor or POC in writing regarding the results.

b. PHCE IH professionals will—

(1) Make regular workplace visits to identify potential health hazards at worksites and recommend actions to eliminate or control the hazards.

(2) Describe workplace exposure and potential health hazards. This description will be used for exposure-based medical surveillance according to Occupational Safety and Health Agency (OSHA) guidance, DOD instructions, DA regulations; and German safety and occupational health legislation and accident insurance guidelines (see [app A](#) for a list of references).

(3) Provide PHCE OH professionals and the local safety office with copies of the IH exposure assessments to determine medical-evaluation or surveillance requirements.

(4) Advise commanders on requirements and methods for minimizing exposures.

(5) Maintain a database of health hazards and employees who may be exposed to those hazards.

c. Supervisors will—

(1) Ensure that job descriptions for jobs in potentially hazardous workplaces include a summary of the hazards.

(2) Ensure that JHAs address potential workplace health hazards, mitigation, the residual hazard, and selected PPE if applicable. When necessary, supervisors will obtain advice from OH, IH and the local safety office.

(3) Provide information to the local safety and to PHCE OH and IH professionals on additional exposures beyond those suggested by the position title and description, or those due to changes in work practices.

(4) Schedule medical examinations with the OH service contractor on receipt of the referral list from the OH office. Appointments will—

(a) Be made during the scheduled regular working hours of the respective employee.

(b) Not be scheduled during the employee's sick leave, vacation leave, or scheduled travel.

(c) Be coordinated with the employee for all evaluations covered by *ArbMedVV*.

(5) Inform the employee of optional evaluations ([glossary](#)). The employee will make the decision whether to have the examination conducted.

(a) If the employee opts for the evaluation, the supervisor will arrange for the appointment and inform the employee of the date and time of the exam.

(b) If the employee declines the evaluation, no appointment will be scheduled. The supervisor will ensure that the employee completes, signs, and dates a declination statement. If the employee refuses to sign the declination statement, the supervisor may complete the form and sign in the employee's place. In either case, this statement will be provided to the local PHCE OH office.

(6) Pay for the necessary travel expenses for the appointment with the OH service contractor in accordance with the applicable provisions of the TV AL II.

(7) Notify the responsible PHCE OH office, local CPAC, and servicing safety office of any LN employee who does not show up to a scheduled appointment, or who refuses to attend a mandatory medical evaluation or fitness-for duty examination.

APPENDIX A REFERENCES

Army in Europe and Africa (AEA), Department of the Army, and DOD publications and forms are available through the Army in Europe and Africa Publications (AEPUBS) website at <https://www.aepubs.eur.army.mil/> or <https://armyeitaas.sharepoint-mil.us/sites/aeapubs/>. The [glossary](#) defines abbreviations used in this appendix.

SECTION I PUBLICATIONS

Agreement Between the Parties to the North Atlantic Treaty Organization Regarding the Status of Their Forces (NATO SOFA) available at <https://armyeitaas.sharepoint-mil.us/sites/aeapubs/Shared%20Documents/NSAgreement.pdf>

Agreement to Supplement the Agreement Between the Parties to the North Atlantic Treaty Organization Regarding the Status of Their Forces With Respect to Foreign Forces Stationed in the Federal Republic of Germany (Supplementary Agreement), as Amended by the Agreement of 3 August 1959, as Amended by the Agreements of 21 October 1971, 18 May 1981, and 18 March 1993, to Supplement the Agreement between the Parties to the North Atlantic Treaty Organization regarding the Status of their Forces with respect to Foreign Forces stationed in the Federal Republic of Germany (Revised Supplementary Agreement or SA) (effective 29 March 1998) available at <https://armyeitaas.sharepoint-mil.us/sites/aeapubs/Shared%20Documents/NATO-SOFA.pdf>

NATO Standardization Agreement 2561

Allied Joint Medical Force Health Protection Doctrine

Collective Tariff Agreement II

Tarifvertrag vom 16. Dezember 1966 für die Arbeitnehmer bei den Stationierungstreitkräften im Gebiet der Bundesrepublik Deutschland

Code of Federal Regulations, Title 29, Part 1910

Occupational Safety and Health Standards

Code of Federal Regulations, Title 29, Part 1960

Basic Program Elements for Federal Employees Occupational Safety and Health Programs and Related Matters

Bundespersönlichkeitsvertretungsgesetz (BPersVG)

Modified German Federal Personnel Representation Law)

Verordnung zur arbeitsmedizinischen Vorsorge (ArbMedVV)

Arbeitsmedizinische Vorsorgeverordnung (Ordinance on Preventive Occupational Health Care)

Arbeitsmedizinische Regeln (AMR)

(Rules for Preventive Occupational Medicine Examinations) available at

<https://www.baua.de/DE/Angebote/Rechtstexte-und-Technische-Regeln/Regelwerk/AMR/AMR.html>

Deutsche Gesetzliche Unfallversicherung Informationen (DGUV-I)

German Statutory Accident Insurance *DGUV-I* Series of Instructions on Accident Prevention and Occupational Medicine available at <https://publikationen.dguv.de/>

DGUV-I 250-Serie

Ausschuss Arbeitsmedizin der Gesetzlichen Unfallversicherung, Information der Deutschen Gesetzlichen Unfallversicherung (DGUV-I 250-Series, Information of the German Statutory Accident Insurance) available at <https://publikationen.dguv.de/>

DGUV-I 250-010

Eignungsuntersuchungen in der betrieblichen Praxis (Practical Application of Fitness-for-Duty Examinations, German Statutory Accident Insurance) available at <https://publikationen.dguv.de/>

Deutsche Gesetzliche Unfallversicherung Regeln (DGUV-R)

Rules and Recommendation on Accident Prevention and Occupational Medicine of the German Statutory Accident Insurance

Deutsche Gesetzliche Unfallversicherung Vorschriften (DGUV-V)

Regulations on Accident Prevention and Occupational Medicine of the German Statutory Accident Insurance

Bundesminister des Inneren Richtlinie (BMI-RL) 1978

Richtlinie für den betriebsärztlichen und sicherheitstechnischen Dienst in den Verwaltungen und Betrieben des Bundes, 28 Jan 1978

Shop Agreements between HSA and HWC on G25 and G41-examinations

DOD 6055.05-M

Occupational Medical Examinations and Surveillance Manual

AR 25-400-2

Army Records Management Program

AR 40-5

Army Public Health Program

AEA Regulation 385-29

Safety and Occupational Health for Local National Employees in Germany

AEA Regulation 385-29-G

Unfallverhütung und Arbeitsschutz für ortsansässige Beschäftigte in der Bundesrepublik Deutschland

SECTION II

FORMS

DA Form 2028

Recommended Changes to Publications and Blank Forms

AEA Form 40-11A

Employment Health Reference Sheet/*Arbeitnehmer Gesundheitsdatenblatt*

APPENDIX B PHYSICIAN'S STATEMENTS FOR LOCAL NATIONAL EMPLOYEE MEDICAL EVALUATIONS

Physician's statements (PSs) for local national (LN) employee medical evaluations must comply with the applicable German legal requirements, which only allow very limited information on the PS for privacy reasons.

1. Occupational Medical Evaluations. PSs for preventive occupational medical evaluations (optional, elective, or mandatory evaluations) are marked as follows:

a. Participated. The employee attended the evaluation and the occupational health (OH)-services contracted physician informed only the employee of measures that should be implemented in the work environment. It is the employee's decision whether or not to inform the supervisor. OH professionals are encouraged to support employees with implementing recommended improvements.

b. Did Not Participate. The employee did not show up for the appointment, despite previous written confirmation that the employee wanted the evaluation. If the appointment was cancelled in a timely manner, Public Health Command Europe (PHCE) OH professionals will inform the supervisor and start the process again. If the appointment was not cancelled in a timely manner, PHCE OH professionals will inform the supervisor, commander or agency chief, and the safety office about the missed appointment and the associated cost.

(1) For a mandatory evaluation ([glossary](#)), "Did Not Participate" indicates that the employee must not be exposed to the hazards requiring the medical evaluation until the respective evaluation was properly administered. The supervisor must be informed accordingly.

(2) For an optional evaluation ([glossary](#)), the evaluation must be offered again after 12 months. Request written confirmation from the employee if he or she wants to have the examination conducted. If the employee declines the evaluation, a written declination of the offer will be requested from the employee.

2. Fitness-For-Duty Examinations. PSs for fitness-for-duty examinations are marked as follows:

a. Participated. A PS marked "participated" is no attestation of the employee's fitness-for-duty. Since the employee may have simply neglected to sign the release form ([para 4g\(3\)\(b\)](#)), PHCE OH professionals will ask the employee to sign the form and request a revised PS from the OH service contractor. Otherwise, PHCE OH professionals will inform the supervisor, commander, or agency chief, and the safety office of the missing fitness determination, and will recommend the removal of the employee from the respective task(s).

b. Fit. The employee may continue to work the respective tasks. PHCE OH professionals will inform the supervisor of the result and the validity period of the PS. The PS automatically expires on the due date of the next evaluation noted on the PS.

NOTE: PSs for fitness-for-duty examinations marked “Fit” with a reexamination due date between 3 and 12 months indicate that the employee needs to submit additional medical documentation to the OH-services contracted physician in order to obtain a longer "Fit" period (3-5 years). The occupational health nurse (OHN) will inquire from the contracted physician if additional documents need to be submitted, and will remind the employee of the requirement.

c. Unfit. The employee must not perform the respective tasks. The OHN will inform the supervisor, commander or agency chief and the safety office accordingly and recommend removal the employee from the task(s). If the PS states a reexamination date, the OHN will include the date on the recommendation and ask the supervisor to schedule a new appointment as indicated.

NOTE: Temporary unfitness may be due to a temporary medical condition which the employee may resolve within a specified timeframe. It is recommended that the OHN will check with the employee and the OH-services contracted physician if or which changes in the work environment could support the improvement of the personal medical condition. Employees may not be asked about the nature of the medical condition itself.

GLOSSARY

SECTION I ABBREVIATIONS

| | |
|-----------------|---|
| AEA | Army in Europe and Africa |
| AR | Army regulation |
| <i>ArbMedVV</i> | <i>Arbeitsmedizinische Vorsorgeverordnung</i> |
| <i>AMR</i> | <i>Arbeitsmedizinische Regeln</i> |
| COR | contracting officer's representative |
| CHRA-E | United States Army Civilian Human Resources Agency, Europe Region |
| CLIN | contact line item number |
| CPAC | civilian personnel advisory center |
| DA | Department of the Army |
| <i>DGUV</i> | <i>Deutsche Gesetzliche Unfallversicherung</i> |
| DOD | Department of Defense |
| HN | host nation |
| HWC | Head Works Council, USAREUR-AF |
| IH | industrial hygiene |
| JHA | job hazard assessment |
| LN | local national |
| NATO | North Atlantic Treaty Organization |
| OCSURG | Office of the Command Surgeon, USAREUR-AF |
| OH | occupational health |
| OHN | occupational health nurse |
| OSHA | Occupational Safety and Health Agency |
| PEL | permissible exposure limit |
| PHCE | Public Health Command Europe |
| PHI | personal health information |
| PII | personally identifiable information |
| POC | point of contact |
| PPE | personal protective equipment |
| PS | physician's statement |
| SHE | severely handicapped employee |
| UOHSC | USAREUR Occupational Health Services Contract |
| USAREUR-AF | United States Army, Europe and Africa |

SECTION II TERMS

action level

Used by the Occupational Safety and Health Agency (OSHA), the National Institute for Occupational Safety and Health and in HN legislation to express a health or physical hazard. Action levels indicate the level of a harmful or toxic substance or activity that requires medical surveillance, increased industrial hygiene monitoring, or biological monitoring. Action levels are generally set at one half of the permissible exposure limit (PEL), but the actual level may vary from standard to standard. The intent is to identify a level at which the vast majority of randomly sampled exposures will be below the PEL.

elective occupational health (OH) evaluation

Preventive OH examination that the employer must make available to employee, unless, based on the hazard assessment and the protective measures taken, no damage to health is to be expected. The right must be invoked on the employee's own initiative.

exposed

In the occupational setting, working with hazardous substances at a level that may affect health (see action level).

fitness-for-duty examination

An examination to determine whether an employee is fit to perform the respective tasks in terms of health. The focus is on reducing the risk to employees or third parties.

G-code

From the German word *Grundsätze* (principles). The former G-codes refer to special preventive occupational-medicine evaluations prescribed in *DGUV-I 250-Serie, Ausschuss Arbeitsmedizin der Gesetzlichen Unfallversicherung, Information der Deutschen Gesetzlichen Unfallversicherung (DGUV-I 250-Series, Information of the German Statutory Accident Insurance)* for employees who are exposed to hazards at their worksites or are working with hazardous material or substances. The use of G-codes is still common but outdated and no-longer legally binding. The G-codes have been replaced by the requirements laid down in the *ArbMedVV* as implemented by the *AMR*.

mandatory evaluation

Preventive occupational health examination that must be initiated for certain particularly hazardous activities.

medical evaluation

This is a general term. The extent of the evaluation is based on the reason for the evaluation, the occupational history, and any current health complaints. A medical evaluation may include an occupational history, ancillary medical tests (blood tests or hearing tests), or a "hands-on" physical examination. The evaluation may be medical surveillance for job-hazard exposures or fitness-for-duty examinations for positions with medical standards.

optional evaluation

Preventive occupational health examination that must be offered in the event of certain hazardous activities.

personal protective equipment (PPE)

Equipment required to prevent exposure to workplace hazards. It may include any of the following: eyewear, gloves, hardhats, hearing protection, protective clothing, respirators, or special footwear. PPE should be the last option to prevent exposures to hazards in the workplace. "Engineering out" hazards, substituting less hazardous material, or administrative controls should always be used first.

physician's statement

The form provided by the physician who completed the medical evaluation. It documents the results of the evaluation in terms of attended or no show, fit or unfit, as well as follow-up evaluations that may be required. This timeframe is also the maximum timeframe for how long the result can be considered valid. This statement can also be called the "Medical Attestation" or "Certificate of Preventive Occupation Medical Care".