

**Injured Carrier Checklist
Occupational Injury (CA-2)**

Name of Carrier

Date of Injury

Was the Injury caused by events that happened over a period of time? (If yes follow instructions for a CA-2)

Yes

No

Report Injury immediately and inform Management you want to file a Workers' Compensation Claim (OWCP)

Injury Reported to:

Name of Supervisor

Date Reported

Manager or Supervisor Email address: _____

Create ECOMP Account then file CA-2 in ECOMP after you have your medical narrative and claimant statement:

- www.ECOMP.DOL.GOV
- File CA-2 in ECOMP
- **Duty Station:** select **RETAIL AND DELIVERY** the USPS Occupational Health address is listed next to this option.

Request the following forms from management not found in ECOMP and take to your physician:

CA-17 (Duty Status Report with left side completed by management) _____

- Have your medical provider complete the right side of CA-17

Medical Narrative:

Provider Search online: <https://owcpmed.dol.gov/portal/provider/search>

1. **Must see a qualified physician, usually an MD or a DO. A Physician's Assistant (PA) is not considered qualified under OWCP unless the medical is counter signed by MD or DO.**
2. Need a definitive diagnosis, words that are not definitive; like, may have, probably, etc. will not suffice. Medical narrative needs to use phrases such as the following: with a high degree of medical certainty.
3. Fact Of Injury, which has a medical component (diagnosis) and a factual component (something happened at work). There needs to be an indication that the physician is familiar with your letter carrier duties.
4. The medical narrative must have a detailed history of the injury/disease with objective findings, including any imaging results and physical examinations.
5. There must be a prognosis of recovery for the injury/disease, and recommendations for treatment.
6. There must be a causal relationship between the injury and the work factors. A description of the bio-mechanical mechanism of injury while performing the specific job duties is required. How did work factors cause the diagnosed condition. Pain is never a diagnosed condition under OWCP rules and regulations.

Claimant Statement: Describe your job duties in detail. How long you have done those duties, and how often you do them. When you realized you were injured, and when you sought medical treatment.

Must use S/L, A/L or LWOP until claim is accepted by OWCP.