

Instructions for Completing FAA Form 3900-40, Employee Medical Folder (EMF) Request Form

Form Availability. This form is available on the FAA Form website:

https://employees.faa.gov/tools_resources/forms/.

Form Purpose. The FAA Occupational Medical (Occ Med) Program manages the Employee Medical File System (EMFS) and employees must use this form to request their EMF.

Note: Requested data with “*” are required for the FAA Occ Med Program to process the request. Incomplete information will impede the search effort. An Occ Med Records Clerk will contact you by telephone or FAA email if clarification is required.

1. **Full Legal Name.** Employee's legal name with nickname or maiden names in brackets, i.e., John Jay Smith Jr. {Jack, JJ} or Jane Beth Jackson {Mansfield}. [Required]
2. **Date of Birth.** Employee's date of birth: XX/XX/XXXX (Month/Date/Year). [Required]
3. **Work Phone Number.** Employee's FAA work phone number: XXX-XXX-XXXX. [Required]
4. **Social Security Number.** Employee's Social Security Number: XXX-XX-XXXX. [If not provided, the Records Clerk will confirm the employee's identity through additional processes.]
5. **Mobile Phone Number.** Employee's mobile phone number: XXX-XXX-XXXX. [Optional]
6. **Email Address.** Employee's preferred FAA or personal email address. [Required]
7. **Mailing Address for Records.** The default option is email. If paper copies are requested enter address. [Optional]
8. **EMF Records Requested.** Choose the appropriate box(s). [Optional, default is all EMF records]
9. **Record Period Requested.** Enter "All available" or specific year(s) "(XXXX) to (XXXX)". [Required]
10. **Written Consent Designated Representative.** Employees may designate a representative to receive their EMF per Occupational Safety and Health Administration (OSHA) regulation 29 Code of Federal Record (CFR) 1910.1020 (c)(12) and Appendix A. If applicable include the representative's details, the signed 3900-40 will serve as the employee's consent. [Optional only if sending to someone other than the requesting employee]
11. **Have you received Medical Surveillance Services while employed by the FAA?** Enter "Yes" or "No". If "Yes" and you have supporting information please provide, as this could assist in obtaining records not stored within the FAA EMFS, i.e., clinic, address, or services. [Optional]
12. **Method for Receiving Records.** Select "paper by mail" or "electronic by email". [Required]
13. **Signature and Date.** Digitally sign the form on a FAA computer with PIV enabled signature. [Required]
14. **Comments.** Include any comments for the Records Clerk. [Optional]

Submit Completed 3370-40 via Email: Save the file and with SecureZip™ software create a file password. Email the 3370-40 to OCCMED-EMFRECORDSREQUEST@faa.gov. Send a second email with the Zip file's password. The Record Clerk will confirm receipt and communicate if clarification required.

SecureZip™ job aid

https://my.faa.gov/tools_resources/it_services_support/stay_productive/training_services/job_aids.html

Record keeping Requirements: FAA forms must be completed electronically to comply with Federal mandate. This form is a temporary record to request an EMF copy and is covered by DAA-GRS-2013-0007-0006. Retention is two years, as the requests are sent and received to the FAA Occ Med Program email, they are retained within Outlook. The requested EMF records are covered by DAA-GRS-2017-0010-0009 and System of Records OPM/GOV-10 EMFS. EMF are retained for the duration of an employee's employment. After the FAA employee separates from Federal service, the FAA sends their EMF to the National Personnel Records Center, which is operated by the National Archives and Records Administration (NARA). NARA stores the EMF for 30-years per OSHA 29 CFR 1910.1020.

FAA Form 3900-40, FAA Employee Medical Folder (EMF) Request Form

Request Number _____

(Completed by the FAA Occ Med Records Clerk)

This statement is provided pursuant to the Privacy Act of 1974, 5 United States Code (U.S.C.) § 552a: The authority for collecting this information is contained in Executive Order (E.O.) 12196 and 29 C.F.R. Part 1910.1020. Collection of the individual's social security number is authorized by E.O. 9397, as amended by E.O. 13478. The information collected is necessary for processing actions related to the management and retrieval of FAA Occupational Medical (FAA Occ Med) records as required by Occupational Safety and Health Administration (OSHA) regulations at 29 CFR. 1910.1020, and the Office of Personnel Management (OPM) regulations at 5 CFR. 293.501-511. Specifically, the information on this form is collected to ensure that the request is valid and to confirm that employees receive only records they are authorized to receive.

Submission of the data is mandatory except for the Social Security Number, which is voluntary. Failure to provide all of the information may result in delays in processing the request for records. Additionally, failure to provide a social security number will result in a FAA Occ Med Record Clerk confirming the employee's identity through additional processes.

The information on this form will be included in a Privacy Act System of Records known as OPM/GOVT-10, titled "Employee Medical File System Records." The information collected to complete EMF requests may be disclosed in accordance with the routine uses that appear in SORN OPM/GOVT-10, as published in 75 Federal Register 35099 (June 21, 2010). This routine use disclosure includes, but is not limited to, disclosure to officials of labor organizations recognized under 5 U.S.C. chapter 71, analyses using exposure or medical records and employee exposure records, in accordance with the records access rules of the Department of Labor's OSHA, and subject to the limitations at 29 CFR 1910.20(e)(2)(iii)(B). Additional routine uses can be found by visiting the federal register notice at the link provided above. *** Denotes Required Information**

* 1. Full Legal Name (First Middle Last) {also known as or Maiden Name} (Print)	
* 2. Date of Birth (XX/XX/XXXX)	* 3. Work Phone Number (XXX-XXX-XXXX)
4. Social Security Number (XXX-XX-XXXX)	5. Mobile Phone Number (XXX-XXX-XXXX)
* 6. Email Address (FAA or personal account)	
7. Mailing Address (*if EMF record(s) are requested to be mailed)	
* 8. I request the following records: (check the appropriate box and provide comments if applicable.)	
<input type="checkbox"/>	All EMF items
<input type="checkbox"/>	Hearing Conservation Program (HCP) records
<input type="checkbox"/>	Hepatitis B and other vaccination records
<input type="checkbox"/>	Respiratory related records
<input type="checkbox"/>	Other, please specify:

* 9. I request the following record period (i.e., "All available" or Year (XXXX) – Year (XXXX))					
10. Written Consent Designated Representative Address (1) <i>Leave blank if not sending to someone other than the requesting employee.</i>					
11. I obtained occupational medical services as an FAA employee: Yes/No (Provide details if known)					
<input type="checkbox"/>	Federal Occupational Health (FOH) or QTC Clinic:	<input type="checkbox"/>	Other Clinic:	<input type="checkbox"/>	CAMI Clinic:
* 12. I want to receive copies my records via: (select one method)					
Hard copies mailed via US Postal Service, 1 st Class Mail, Certified Mail and Return Receipt, to your home address (7) or written consent designated representative's address (10). [If you chose a representative's address, include a signed and dated written consent ¹ . See OSHA regulation 29 CFR 1910.1020 (c)(12) and Appendix A.			Electronic zipped files and sent via email to the address on question 6. Email will be SecureZip & passphrase protected.		
* 13. Employee Signature and Date				14. Comments	

Definition:

1 Employee's Written Consent Designation Representative - An employee may request to send the EMF records to someone other than themselves, e.g., spouse, power of attorney, physician, etc.

Submission of Form 3900-40: Save the file and with SecureZip™ software create a file password. Email the completed Form 3370-40 to OCCMED-EMFRECORDSREQUEST@faa.gov. Send a second email to the same address with only the Zip file's password.