

Instructions for Completing FAA Form 3900-40, FAA 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 requires FAA Form 3900-40, FAA EMF Request Form as a standardized process to request a copy or portion of their EMF.

Note: Most information requested on the form is required (as noted by [Required] and a “*” on the Form) for the FAA Occ Med Program to process the employee’s request. Incomplete information will impede the EMF search effort. An Occ Med Records Clerk with the FAA Occ Med Program will contact you by telephone to verify information to confirm the information on the submitted FAA Form 3900-40.

1. **Full Legal Name.** Print your full FAA legal name, and nickname or maiden names in brackets. [Required] For example John Jay Smith Jr. {Jack, JJ} or Jane Beth Jackson {Mansfield}.
2. **Date of Birth.** Enter your date of birth: XX/XX/XXXX (Month-Date-Year). [Required]
3. **Work Phone Number.** Enter your FAA work phone number: XXX-XXX-XXXX. [Required]
4. **Social Security Number.** Enter your Social Security Number: XXX-XX-XXXX. [If not provided an FAA Occ Med Record Clerk confirming the employee’s identity through additional processes.]
5. **Mobile Phone Number.** Enter your mobile phone number: XXX-XXX-XXXX.
6. **Work Email Address.** Enter your FAA work email address. [Required]
7. **Mailing Address.** If you want EMF record(s) mailed to a written consent designated representative, enter the written consent designated representative’s full address. [Required, only if you indicated later in question 12 you want EMF record(s) sent to a written consent designated representative’s address. If you chose this option, you must include with your completed Form 3900-40 your signed and dated written consent allowing your specific written consent designated representative to receive your records (See Occupational Safety and Health Administration (OSHA) regulation [29 Code of Federal Record \(C.F.R.\) 1910.1020](#) (c)(12) and Appendix A).]
8. **Requesting all or some of one’s Occ Med Records.** The choices include all Occ Med records or specific Occ Med records based upon checking the appropriate box(s). [Required]
9. **Record Period Requested.** Indicate period you are requesting for example last five years, between 2000 -present, entire Federal work period or Year (XXXX) – Year (XXXX). [Required]
10. **FAA Work Locations.** Indicate where you worked during the periods for the information requested in question 9. Check all appropriate boxes and if applicable enter details in the other text box. [Required]
11. **Locations I Know I Received Occ Med Services.** Identify, if known, the medical providers you visited for the specific request. Check the box to the right and provide known contact information, or N/A if unsure. [Required]
12. **Method for Receiving Occ Med Records.** Select one box to indicate the method of delivering copies of your Occ Med records. If you chose the US Mail option, you must include with your completed Form 3900-40 your signed and dated written consent allowing your specific written consent designated representative to receive your records (See OSHA regulation [29 C.F.R. 1910.1020](#) (c)(12) and Appendix A).] [Required]
13. **Signature.** Sign your full legal name or digitally sign the form. [Required]
14. **Date of Signature.** Enter the date you signed the form. [Required]
15. **Emailing of Signed and Dated Form:** When complete, save the electronic file. As the information includes PII, please ensure the two-email process is followed. Send the file using a password protected “zip” file with SecureZip™ software to the FAA Occ Med Program’s Record Clerk’s e-mail address OCCMED-EMFRECORDSREQUEST@faa.gov. The second email must be sent to the same address with the password to open the zip file. An email confirming receipt of your submittal will be responded to when the email is read. Questions regarding SecureZip™ software, please review the FAA’s IT issued SecureZip™ Job Aid, specifically the section of the document titled: “Compress a Zip file or Folder with Encryption-Passphrase”.
<https://my.FAA.gov/content/dam/myfaa/org/staffoffices/afn/information/services/training/aids/SecureZipJobAid.pdf>

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 C.F.R. 1910.1020, and the Office of Personnel Management (OPM) regulations at 5 C.F.R. 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), available at <https://www.gpo.gov/fdsys/pkg/FR-2010-06-21/pdf/2010-14838.pdf>. 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 C.F.R. 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. Home Mailing Address (<i>*if EMF record(s) are requested to be mailed to your home</i>)	
* 8. I request the following information contained in my Employee Medical Folder (EMF): (check the appropriate box and provide comments in the line's box if you want to provide more detail.)	
<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 protection records
<input type="checkbox"/>	Other, please specify:

* 9. I request the following record period (i.e., "my entire Federal career" (i.e., all EMF records) or Year (XXXX) – Year (XXXX)					
10. Written Consent Designated Representative Address (<i>*if EMF record(s) are requested to be mailed to a written consent designated representative¹</i>)					
11. I obtained occupational medical services as an FAA employee: Yes/No (Service provider information 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)					
<input type="radio"/>	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.		<input type="radio"/>	Electronic zipped files and sent via email to the address on question 6. Email will be SecureZip & passphrase protected.	
* 13. Signature				* 14. Date of Signature	

Definition:

¹Employee's Written Consent Designated Representative – An employee may name an authorized representative to act on his or her behalf under these procedures, by providing written documentation of such authorization, (e.g., spouse, power of attorney, etc.)

Submission of Form 3900-40: See instructions, **submitting request**