

**Addendum to the Supporting Statement for Form SSA-5072
Request for Medical Treatment in an SSA Facility:
Self-Administered or Staff-Administered
OMB No. 0960-0772**

Minor Revisions to the Collection Instrument

SSA is making the following revisions to the SSA-5072:

- **Change #1:** We are revising the language in *Section 3, Medical Office Authorization* from “to be completed by Medical Officer in SSA Medical Office” to “to be completed by SSA Medical Office” to expand who may approve SSA-5072 requests.

Justification #1: The change permits Medical Office Registered Nurses to review and approve SSA-5072 requests for accuracy, completeness and safe practice in the occupational health setting. This change facilitates the efficiency of processing SSA-5072 requests and ensures the written order and signature meet Nurse Practice Act requirements.

- **Change #2:** We are making the following minor SSA-5072 format changes:
 - form name location moved from bottom left to top left
 - “Discontinue Prior Editions” added and
 - Form changed to electronically fillable and printable.

Justification #2: Needed format changes made to update form and meet current agency formatting requirements.

- **Change #3:** We are revising the Privacy Act Statement on this form.

Justification #3: SSA’s Office of the General Counsel is conducting a systematic review of SSA’s Privacy Act Statements on agency forms. As a result, SSA is updating the Privacy Act Statement on the form.

- **Change #4:** We are revising the PRA statement on this form.

Justification #4: We are revising the PRA statement to reflect our current boilerplate language. The current language, which dates back to the last reprint of the form, is now outdated.

We will implement these revisions upon OMB’s approval.

previous version

2019 revision

Social Security Administration Form Approved
OMB No. 0960-0772

Request for Medical Treatment in an SSA Facility
(Self-Administered or Staff-Administered)

Section 1: Employee Information (To be completed by employee)

Name:		Last four digits of SSN:	
Home address:			
Home phone:		Other phone:	
Employee Work Information			
Component:		Work phone:	
City, State:	Building:	Office/cubicle:	
Supervisor's Name:		Supervisor's phone:	

Section 2: Medical Treatment (To be completed by the employee's Independent Licensed Health Care Provider)

Treatment being requested (to include dosage, mode of administration, frequency and duration when applicable):

Diagnosis (related to requested treatment):	Expected end date of treatment:
Treatment to be: <input type="checkbox"/> Self-Administered <input type="checkbox"/> Staff-Administered	
Potential Adverse Reactions (related to requested treatment):	Date of next follow-up appointment with provider requesting treatment:
Recommendations, remarks or other comments:	

Independent Licensed Health Care Provider's Name and Address:

Office phone:	Emergency phone:
Signature:	Date:

Section 3: SSA Medical Office Authorization (To be completed by Medical Officer in SSA Medical Office)

Approved Denied Date:

Reviewing Medical Officer's Name (printed):

Signature:

Remarks:

For SSA EHC nurse use only: Expiration Date:

Form SSA-5072 (07-2014)

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Social Security Administration

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(Self-Administered or Staff-Administered)

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Name:		Last four digits of SSN:	
Home address:			
Home phone:		Other phone:	
Employee Work Information			
Component:		Work phone:	
City, State:	Building:	Office/cubicle:	
Supervisor's Name:		Supervisor's phone:	

Section 2: Medical Treatment (To be completed by the employee's Independent Licensed Health Care Provider)

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Recommendations, remarks or other comments:	

Independent Licensed Health Care Provider's Name and Address:

Office phone:	Emergency phone:
Signature:	Date:

Section 3: SSA Medical Office Authorization (To be completed by SSA Medical Office)

Approved Denied Date:

Medical Office Reviewer (printed):

Signature:

Remarks:

For SSA EHC nurse use only: Expiration Date: