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**Medical Factual Group Chairman's Report
Attachment 2: Amtrak Medical Guidelines**

AMTRAK MEDICAL GUIDELINES & PROCEDURES FOR OCCUPATIONAL HEALTH FACILITIES

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AMTRAK MEDICAL GUIDELINES & PROCEDURES FOR OCCUPATIONAL HEALTH FACILITIES

Introduction

The National Railroad Passenger Corporation, better known as "Amtrak", is pleased to partner with your facility to provide medical examinations and treatment for our employees and job applicants.

Amtrak is not a government agency but is required to comply with government regulations. These regulations include those of the Department of Transportation, both Federal Railroad Administration (FRA) and Federal Motor Carrier Safety Administration (FMCSA); as well as Occupational Health and Safety Administration (OSHA) regulations.

These regulations specify criteria for performing medical examinations, such as vision and hearing testing that must be complied with when performing examinations for Amtrak. These criteria can differ from your usual protocols, so it is important that you understand and comply with Amtrak's requirements. *Amtrak Medical Examination Form, Appendix B*, is used to document medical examinations on Amtrak's employees, and has been designed to identify and incorporate Amtrak's requirements for medical examinations.

For any questions regarding Amtrak's protocols or medical examinations, contact Amtrak Medical Services.

Amtrak Medical Services Contact Information

Hours of Operation: 8 AM to 5 PM Weekdays (Eastern Time Zone)

Mailing address: Amtrak Medical Services

██████████
██████████
██████████

Phone: ██████████

FAX (Confidential): ██████████

Amtrak Employees

Safety of Amtrak's employees, Amtrak's passengers and the public is a core value at Amtrak. Amtrak's employees are responsible for the safe operation of passenger trains, and the safety and comfort of our crew and passengers. Amtrak employees are responsible for maintaining the train equipment, the track, signals, stations, infrastructure, etc.

Many jobs are physically demanding and performed outdoors under all weather conditions. The railroad environment is potentially hazardous, and can be deadly at any time as trains, often moving at high speeds, can enter the work environment from any direction. Employees in this environment must remain constantly alert, vigilant and

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aware of working conditions as equipment is operated or serviced, equipment is moved or energized, or the work environment changes. Also, shift work may be involved as Amtrak is a 24/7 operation, and some trains operate on an over-night schedule.

Amtrak employees are prohibited from working under the influence of alcohol, or illicit drugs, or medications (both prescription and over-the-counter) or other substances that could adversely affect their ability to carry out their jobs in a safe manner. For this reason, a **Medication Review** is required at each employee's or applicant's medical examination. A **Medication Review** is an inquiry by the Medical Examiner of prescription and over-the-counter medications to identify medications that could potentially adversely affect the employee's alertness, judgment, coordination, reaction time, or ability to work safely. Amtrak Medical Services will follow-up with each employee when a possibly impairing medication or safety concern is noted.

The **Medication Review** is incorporated into Amtrak *Medical Examination Form, Appendix B*, and the *Medication Review – Employee Return to Work Examination Form, Appendix D*, which must be completed at employee return to work examinations.

Also, since fatigue can cause impairment similar to that caused by medications, a **Sleep Apnea Screen** is required for Amtrak employees at their periodic examination. See the section of this document on Sleep Apnea Screening and the *Sleep Apnea Screen Guidance, Appendix E*. A sleep apnea screen is also required during commercial motor vehicle driver medical examinations as required by DOT/FMCSA.

If there are any questions regarding the job duties of an Amtrak employee, please contact Amtrak's Medical Services to request a job description.

Applicants

The guidelines in this document apply to medical examinations required for applicants who have been extended an offer of employment pending meeting medical standards for their position.

A **Medication Review** and **Sleep Apnea Screen** are also required on applicants.

Genetic Information Non-Discrimination Act (GINA)

Your facility is required to comply with the Genetic Information Non-Discrimination Act (GINA). The collection of genetic information, including family medical history, is not required or permitted by Amtrak. If genetic information or family history is collected, inadvertently or not, such information is **NOT** to be disclosed to Amtrak.

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Amtrak Forms

- **Authorization for Examination or Treatment Form - NRPC MED-1, Appendix A**

All Medical Services must be authorized by Amtrak in writing. This authorization is provided to the clinic using an *Authorization for Examination or Treatment Form*, Appendix A; this form is commonly known as a *MED-1 Form*. Amtrak uses the *MED-1 Form* to authorize ALL medical services, except for treatment of on-duty injuries. This form is completed and signed by Amtrak managers and faxed to the clinic in advance, or brought to the clinic on the day of the examination by the employee. No services not specifically authorized by the *MED-1 Form* should be performed, and Amtrak will not pay for any services not authorized.

EXCEPTION: Amtrak authorizes initial treatment of employee on-duty injuries without prior authorization; neither a MED-1 Form nor another form of prior authorization is required for initial treatment of on-duty injuries.

If additional services beyond those authorized by the *MED-1 Form* are deemed necessary during the examination, contact Amtrak Medical Services for approval **PRIOR** to performing the service(s). If Amtrak agrees with the need for the additional service, Amtrak Medical Services will confirm approval for the requested service(s) in writing by email or FAX. This approval must be received prior to performing the service(s).

Also, the *Authorization for Examination or Treatment Form – NRPC MED-1, Appendix A*, contains a section that must be completed by the clinic's Medical Examiner to document the outcome of the medical examination; it is mandatory that this section be completed and signed by the Medical Examiner.

- **Amtrak Medical Examination Form, Appendix B**

This form is to be used to document ALL pre-employment and periodic medical examinations, except commercial motor vehicle driver (DOT - CMV) examinations. Instructions for completing the *Amtrak Medical Examination Form* are contained on the form itself.

A ***Medical History*** which is completed by the employee/applicant and reviewed by the Medical Examiner is incorporated into this form. The form also includes sections for documenting the components of the medical examination authorized by the *MED-1 Form*, such as Vital Signs, Vision (distant, near and peripheral), Color Vision, Electrocardiogram, and Urinalysis results. This form also documents the following examination components:

- ***Hearing History and Audiogram***, which are documented on Page 4 of the form.
- A ***Sleep Apnea Screen*** is required as part of the review of ***Medical History*** by the Medical Examiner. See question 35 on page 2 of ***Medical History***.
- The required ***Medication Review*** is documented on Page 6 of the form. See

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the Medication Review and Sleep Apnea Screening section below for additional information.

- **Medical Information and Consent Form - NRPC 488, Appendix C**

The Medical Treatment Information section of this form is completed by the healthcare provider for employees who are treated for an on-duty injury. The completed form is returned to the employee's supervisor who accompanied the employee to the clinic when treatment is completed.

On-Duty Injuries

Amtrak authorizes initial treatment of employee on-duty injuries without prior authorization; neither a *MED-1 Form* nor another form of prior authorization is required.

Amtrak employees who are injured on the job will be transported to the nearest hospital, medical center or approved clinic for treatment. For the initial visit, the employee will be accompanied by a supervisor or co-worker, who will provide a *Medical Information and Consent Form - NRPC 488, Appendix C*, to the treating facility.

Complete the Medical Treatment Information section of the *Medical Information and Consent Form* and return to the supervisor.

Amtrak Required Medical Examinations

Amtrak requires the following medical examinations:

- Pre-Placement (Post Offer) Examinations
- Periodic Medical Examinations
 - Periodic medical examinations are required by FRA regulations for specific job categories. Amtrak also requires employees in certain safety sensitive positions to have periodic medical examinations.
- CMV Examinations
 - Examinations for commercial motor vehicle drivers (DOT – CMV and CDL) are to be performed in accordance with DOT/FMCSA regulations. The exam is to be documented on The Medical Examination Report for Commercial Driver Fitness Determination form (649-F (6045)), and performed by certified providers.

<http://www.fmcsa.dot.gov/documents/safetyprograms/Medical-Report.pdf>

- The driver will be provided with a Medical Examiner's Certificate and a copy will be sent to Amtrak.

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<http://www.fmcsa.dot.gov/documents/safetyprograms/Medical-Examiners-Certificate.pdf>

- If required by state law, a copy of the Medical Examination Report may be provided to the employee.
- A Medical Review and Sleep Apnea Screen should be performed as part of this examination.
- Return-to-Work Examination

NOTE: Return to Work examination should be documented using the clinic's standard examination forms.

- The purpose of a Return to Work examination is to ensure an employee can return to work and safely resume his/her usual job duties.
- Return to Work examinations may be required following an employee absence for illness, military leave, furlough, substance abuse violation, or reinstatement.
- A Return to Work examination may also be performed when an employee has been released to return to work by his/her physician after an extended period of disability.
- Employees returning to work after an illness or disability have been instructed by their manager to bring a copy of the return to work documentation from their healthcare provider to the clinic. Contact Medical Services for a copy if the employee did not bring necessary documentation.
- Return to work examinations should include an interval history covering:
 - The time period of the employee's absence,
 - The medical condition(s) and treatment(s) received during the absence, and
 - Other significant changes in the employee's health that occurred during the absence.
- A *Medication Review – Employee Return to Work Form*, Appendix D, is required on Return to Work examinations.
- Return to Work examination related to medical absences of less than 6 months usually requires only a limited, focused examination; however, some situations may require a comprehensive examination.
- Employees returning to work who have been out of work for 9 months or more require a comprehensive examination, including a ***Sleep Apnea***

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Screen.

- Respirator Clearance Examination
 - Amtrak Medical Services refers employees for respirator clearance examinations when questions arise during Amtrak's review of the employee's OSHA respirator questionnaire. The content of the requested examination is specified on the *MED-1 Form*. Perform pulmonary function testing only when authorized by the *MED-1 Form* or authorized by Amtrak Medical Services in writing.

Medication Review ¹ and Sleep Apnea Screening

A Medication Review and Sleep Apnea Screen, performed by the Medical Examiner, are required as part of the following examinations:

- Pre-placement (Post-Offer) Examinations
- Periodic Medical Examinations
- DOT Commercial Motor Vehicle Driver (CMV and CDL) Examinations.

A Medication Review has been incorporated into *Amtrak Medical Examination Form*, Appendix B.

A Medication Review is required as part of a Return to Work Examination. Amtrak's *Medication Review – Employee Return to Work Examinations Form*, Appendix D, should be used to document this review.

A Sleep Apnea Screen is required for Return to Work Examinations when the employee has been out of work for more than 9 months. Otherwise, a Sleep Apnea Screen for Return to Work Examinations should only be performed when, in the opinion of the Medical Examiner, it is indicated by the clinical situation.

- Appendix E provides guidance on performing Sleep Apnea Screen.

Audiograms

The hearing history and audiometric test results are reported on Page 4 of the *Amtrak Medical Examination Form*, Appendix B

Audiograms need to be performed in accordance with OSHA and FRA standards. Hearing acuity will be tested using pure tones with an audiometer calibrated to ANSI standards. See Amtrak's *Audiometric Requirements*, Appendix F.

¹ Amtrak policies require employees to submit an *Authorization to Work with Medications Form* (NRPC 3133) for all medications that may interfere with safe work performance. For information purposes only, a copy of this form is attached as Appendix H. This form is NOT to be completed as part of a periodic, DOT-CMV or return to work examination.

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- Audiograms cannot be performed with the individual wearing hearing aids. Have the individual remove the hearing aids prior to testing.
- Audiograms results should be reported to Amtrak within 48 hours.

Vision Testing

Vision testing must be performed in accordance with FRA requirements, and includes testing of distant vision, near vision, peripheral vision and color vision. Color vision must be tested using one of the approved tests listed on the *FRA Accepted Color Vision Tests*, Appendix G

- The use of corrective lenses by the employee must be documented.
- Vision must be recorded for each eye individually; and with both eyes.
- If distant vision is poorer than 20/40, vision must be tested using a standard Snellen chart.
- If using a multi-vision tester or other specialized instruments, the instrument must have a current calibration according to manufacturer recommendations.
- The Ishihara 14 plate test is Amtrak's preferred test for color vision testing.
- The use of chromatic lenses is not permitted by Amtrak, and cannot be worn during vision testing.

Urine Drug Tests

All employees will receive a urine drug screen unless the *MED-1 Form* specifically states no drug test is required.

All urine drug collections are ***Split Specimen collections***.

Urine drug screens must be collected and documented using the appropriate chain-of-custody form, Company or Federal, as noted on the *MED-1 Form*. For tests obtained under Federal authority, the Testing Authority and specific DOT Agency will be noted on the *MED-1 Form* as Special Instructions.

NOTE: *Special Instructions on the MED-1 Form, such as "Complete Step #1D on the CCF with DOT and FRA" indicates that the Testing Authority is DOT, and the DOT Agency is FRA. It does **NOT** indicate that a DOT CMV examination is to be performed. Perform the medical examination specified on the MED-1 Form.*

Medical Examiners

All examinations and procedures must be conducted by properly trained, licensed and/or certified healthcare provider(s) under the oversight of a licensed, board-certified physician. The Medical Examiners NPI (National Provider Identifier) number must be

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entered on page 6 of Amtrak *Medical Examination Form*.

DOT - CMV driver examinations are required to be performed by a NRCME certified providers as required by FMCSA regulations.

General Requirements for Examinations

Amtrak *Medical Examination Form*, Appendix B, is required to be used for all employee periodic examinations, as well as new-hire (applicant) medical examinations. It is not to be used for return to work examinations or DOT - CMV examinations.

Amtrak *Medical Examination Form*, Appendix B, must be completed properly; all sections of this form are mandatory; both the **Medication Review** and a **Sleep Apnea Screen** are mandatory. *Sleep Apnea Screen Guidance*, Appendix E, contains useful information on sleep apnea screening.

Time Sensitivity of Medical Examination Results

The results of medical examinations are time sensitive as return to work dates, certification dates and employment decisions depend on timely review of the examination results by Amtrak's Medical Services. Consequently, the completed medical examination results must be sent to Amtrak promptly. Incomplete or illegible paperwork delays the process and increases the work load on both the clinic and Amtrak.

Sending Examination Results to Amtrak

All medical documentation for services performed must be sent to Amtrak Medical Services, which is supervised by Amtrak's Corporate Medical Director. All medical examinations are reviewed by occupational health nurses for compliance with federal and company requirements. For this reason, a complete copy of the medical examination must be sent to Amtrak.

Do not delay sending results of medical examinations to Amtrak pending receipt of additional medical documentation from the employee's healthcare provider. The clinic's Medical Examiner should note what additional information is considered necessary on the *MED-1 Form*, and Amtrak Medical Services will follow-up with the employee/applicant and health care provider as indicated to obtain this information.

As noted above, the results of medical examinations are time sensitive, and the completed medical examination must be sent to Amtrak promptly. Please **FAX** all results by the close of business on the day of examination and mail the original within 48 hours. Please ensure that the **COMPLETE** record of the medical examination, including a completed, signed copy of the *MED-1 Form* is sent. Sending ALL, properly completed forms promptly eliminates delays, reduces the need for follow-up calls with your staff to obtain a complete record, and saves time and effort for our staffs.

Medical documentation should NOT be given to the employee or other Amtrak personnel who may be on-site accompanying the employee, such as a supervisor. Amtrak employees may request any medical documentation directly from Amtrak. The exceptions to this policy are:

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- *Medical Information and Consent Form - NRPC 488*, Appendix C is to be given to the supervisor after treatment of On-Duty Injury
- DOT Medical Examiner's Certificate – provided to driver after DOT - CMV examination
- Medical Examiner's Report – provided to driver if required by state law.

Medical Examination Results

The complete record of the medical examination will include the results of each procedure authorized on the MED-1 Form, and includes:

- *MED-1 Form* signed and completed by the Medical Examiner with a definitive determination whether, in the Medical Examiner's judgment, the individual does, or does not, meet medical standards for the individual's position. (See Appendix A for sample *MED-1 Form*)
- *Amtrak Medical Examination Form*, Appendix B; ensure **Medication Review** and **Sleep Apnea Screen** have been performed and documented on form.
 - *Amtrak Medical Examination Form*, Appendix B, is not used for CMV examinations.
 - For DOT - CMV examinations, a complete copy of the FMCSA Medical Examination Report and a copy of the Medical Examiner's Certificate.
- Audiogram when authorized. Hearing history and audiogram results are documented on Page 4 of *Amtrak Medical Examination Form*, Appendix B.
- Other diagnostic results when authorized on *MED-1 Form*, such as ECG with interpretation.
- Clinic's forms for return to work examination; ensure *Medication Review – Employee Return to Work Examination Form*, Appendix D, is completed, signed and included.
- Chain of Custody form (CCF) for urine drug screen; ensure CCF form is legible.

Employees Meeting Medical Standards

The Medical Examiner is required to make an assessment whether, in the Medical Examiner's judgment, the employee or applicant demonstrates the ability, both physically and mentally, to safely meet job demands. As noted above, please contact Amtrak's Medical Services for a job description if needed or if additional clarification is required regarding job responsibilities.

In determining whether an employee or applicant meets medical standards, it is important to focus on objective medical findings in light of the job duties and railroad environment.

Employees Not Meeting Medical Standards

See Amtrak Parameters section below for criteria that may assist a Medical Examiner in

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determining whether an employee or applicant meets medical standards for most Amtrak positions. If, due to an individual's medical condition or use of medications, it is uncertain if he or she meets medical standards, check the box "Does not meet medical standards" and indicate your concerns in the space provided on the *MED-1 Form*. Amtrak Medical Services will follow-up on your concerns.

When an employee does not meet medical standards, notify Amtrak Medical Services immediately either by phone or by faxing a copy of the *MED-1 Form* upon completion of the examination. FRA regulations may require an employee not meeting medical standards to be immediately removed from service.

Personal Health Issues Identified During an Examination

Notify the individual of any relevant abnormalities that warrant follow-up with their personal healthcare provider. Do not delay forwarding the results of the medical examination to Amtrak pending the results of a recommended follow-up examination with the individual's personal healthcare provider.

Employee Restrictions at Return to Work

Employees returning to work from a medical leave of absence have been released to return to work by their healthcare provider before the Return to Work Examination with a clinic is scheduled. Amtrak does not permit informal restrictions on work duties between an employee and supervisor; all restrictions on work activities require formal review and acceptance by Amtrak. If an employee notes that a restriction is required, or if the Medical Examiner feels that a restriction is required, document the issue on the *MED-1 Form*. In most cases, the restriction will have been reviewed and accepted by Amtrak before the return to work examination was scheduled. Amtrak Medical Services will follow-up on your concerns.

Accommodations

Amtrak has a formal process for evaluating an applicant or employee needing an accommodation. If the Medical Examiner believes that an accommodation is necessary, this should be noted on the *MED-1 Form*. Amtrak Medical Services will follow-up on your recommendations.

Billing & Invoices

Submit all invoices for payment to Amtrak Medical Services promptly. Invoices should be submitted ideally within 5 business days of the date of service and, preferably, prior to the end of the month of services to ensure prompt payment.

Amtrak Parameters

Below are parameters that may assist a Medical Examiner in determining whether an employee or applicant meets medical standards for most Amtrak positions. The Medical Examiner should note any concern about the examinee's ability to safely perform the duties of their position on the *MED-1 Form*.

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Amtrak Medical Services will make all final decisions on whether an individual meets Amtrak medical standards.

Do not delay sending the medical examination results to Amtrak because an individual has been advised to follow-up with their personal healthcare provider due to an issue identified during the medical examination. Amtrak will follow-up with employees and applicants regarding any significant abnormalities.

- **Blood Pressure**

- Individual with known high blood pressure should be under treatment, asymptomatic and without evidence of end organ involvement.
- Individuals with systolic blood pressure above 160 mm Hg or diastolic blood pressure above 100 mm Hg should be referred to their personal healthcare provider for follow-up.
- Individuals should be sitting for several minutes before taking the blood pressure; and if greater than 140/90, the average of 3 readings should be recorded.

- **Urinalysis**

- Any glucose in an employee or applicant without a known diagnosis of diabetes is considered abnormal; individuals should be referred to their personal healthcare provider for follow-up.
- Employees or applicants with a known diagnosis of diabetes and under treatment should be referred to their personal healthcare provider for follow-up for any glucose greater than 1+.
- Individuals with greater than 1 + protein should be referred to their personal healthcare provider for follow-up.
- Any blood is abnormal and individuals should be referred to their personal healthcare provider for follow-up.
 - Exception: women during their normal menstrual cycle

- **Vision**

- Distance vision: 20/40 in each eye individually and 20/40 with both eyes, with or without corrective lenses.
- Near Vision: better than 20/40 with or without corrective lenses.
- Peripheral Vision (Visual Fields by confrontation): at least 70 degrees in the horizontal meridian in each eye.

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- Color Vision: Color vision must be tested using one of the approved tests listed on *FRA Accepted Color Vision Tests*, Appendix G. Failure criteria is noted on this form.
 - **Audiogram** – Average hearing threshold, in better ear, at 500 Hz, 1000 Hz and 2000 Hz is not more than 40 decibels.
 - Amtrak Medical Services will follow-up if this criterion is not met without hearing aids.
 - Amtrak will arrange specialized testing for any individual who requires hearing aids and does not meet the criterion above without hearing aids.
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APPENDICES

Appendix A – Authorization for Examination or Treatment Form - NRPC MED-1

Appendix B – Amtrak Medical Examination Form

Appendix C - Medical Information and Consent Form - NRPC 488

Appendix D - Medication Review – Employee Return to Work Examination Form

Appendix E – Sleep Apnea Screen Guidance

Appendix F – Amtrak's Audiometric Requirements

Appendix G – FRA Accepted Color Vision Tests

Appendix H – Authorization to Work with Medications Form - NRPC 3133 [For Information OnLY]

Appendix A

Authorization for Examination or Treatment Form – NRPC MED-1



Authorization for Examination or Treatment Confidential

| | | | | | | | |
|------------------------------|------------|--|----------------|---------------------|---|---|--|
| General Information | | Appointment Time and Date | | Hours of Service | | CDL | |
| Employee Number | 01 00 | <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM | 06 / 30 / 2014 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Employee/Applicant Last Name | First Name | M.I. | Position | | Work Location City | State | |
| Name of Medical Facility | | | | | | | |
| Address of Medical Facility | | | | | | | |
| Facility Telephone Number | | | | Facility Fax Number | | | |

Physical Examination and Laboratory Test(s) Required

*Note: ALL DRUG SCREENS REQUIRE SPLIT SPECIMEN COLLECTIONS!
PLEASE FAX MEDICAL HISTORY FORM*

Periodic Physical with NON-DOT Drug Screen for HOS and certain Management positions

VISUAL ACUITY (NEAR, FAR, PERIPHERAL, & COLOR VISION)

AUDIOGRAM

URINE DIP-STICK

EKG

Comments

Authorized By

| | | |
|------------|-----------|------------------|
| Name | Signature | Telephone Number |
| Department | ResCen | |

Instructions

Requesting Department: Please sign Med-1 form and fax to medical facility. Retain copy for your department's records.

Medical Facility: Upon completion of testing, please fax completed paperwork to 215-349-4401 and then mail to Amtrak Medical Services office in Philadelphia.

To Be Completed By Medical Examiner

I am a board-certified physician and have personally examined the above-named person and have reviewed the results of any requested Lab and/or X-Ray procedures. I have determined this person:

Does meet medical standards Does meet medical standards pending drug screen results

Does not meet medical standards. (The Amtrak Medical Services Department makes all final determinations.)

To ensure compliance with Federal regulations, I have made certain the correct drug and/or alcohol testing forms, as indicated above, were used.

| | |
|-------------------------------|----------|
| Name of the Medical Examiner: | |
| Signature of Medical Examiner | Date / / |

NRPC MED-1 (10/06) Previous Versions are Obsolete
Amtrak is a registered service mark of the National Railroad Passenger Corporation.

APPENDIX B

AMTRAK MEDICAL EXAMINATION FORM

**Double Click on Form Below to
Open Medical Examination Form**



Medical Examination – Instructions – Print All Answers

INSTRUCTIONS - EMPLOYEE or APPLICANT: Enter your name and requested information at the top of pages 1 through 6 of this document. Provide the information requested below; **PRINT** all answers.

Sign the Release at the bottom of this page; your signature is required or the exam cannot be performed.

Complete the **MEDICAL HISTORY** on pages 2 and 3, and the **HEARING HISTORY** on page 4.

| | |
|------------------------------------|---|
| Name (Last, First, Middle Initial) | Position - Job Title |
| | <input type="checkbox"/> Check if Applicant |

Amtrak requires medical examinations during the new-hire process and periodically for employees in specific job categories as required by applicable agreements and standards. This form is used to document all Amtrak medical examinations, except for commercial motor vehicle driver (CMV) examinations. Amtrak's Medical Department reviews all medical examinations to ensure that employees and applicants meet applicable standards.

Complete each answer block clearly and accurately. Incomplete or illegible information will delay the review process, and could require repeating the examination. Providing false information or withholding information is not compatible with Amtrak's Standards of Excellence. Amtrak employees and applicants are expected to cooperate fully with the examination process.

Employees: Enter your Date of Birth, SAP ID and Manager or Supervisor's Name below. **Applicants and individuals without a SAP ID** must enter their Date of Birth and the last 4 digits of their Social Security number to ensure proper identification.

| | | | |
|---------------|--------------------------|--|------------------------------|
| Date of Birth | <i>EMPLOYEE'S ONLY:</i> | SAP ID | Manager or Supervisor's Name |
| | <i>APPLICANT'S ONLY:</i> | Last 4 Digits of Social Security Number xxx-xx - | |

Enter the address and phone numbers where you may be contacted during the review process if necessary. This information will not be used to update your Amtrak address of record.

| | | |
|------------------|------------------------------|----------|
| Street Address | City | |
| | State | Zip Code |
| Phone Number | 2 nd Phone Number | |
| Email (optional) | | |

RELEASE OF INFORMATION TO AMTRAK'S MEDICAL DEPARTMENT

Your signature below authorizes the examining facility to release the Medical Examination Form and all information obtained during your examination to Amtrak's Medical Department. This information is considered **CONFIDENTIAL**, is retained separate from your personnel file, and is stored and maintained by Amtrak's Medical Department.

SIGNATURE of EMPLOYEE or APPLICANT

DATE

Amtrak Medical Examination Form

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Version - July, 2014

APPENDIX C

Medical Information and Consent Form - NRPC 488



MEDICAL INFORMATION AND CONSENT (To be completed and signed by the injured person and the medical provider)

Fax the completed form to Central Reporting at 1-800-888-2185.

Injured Person Information:

| | | | | |
|--------------------------|--|--------------------------------|--|----------------------|
| Last Name: | First Name: | MI: | Employee ID No.: | Employee Cell Number |
| Address: | City: | State: | Zip: | |
| Occupation: | Place of Injury/Illness: | Railroad: | Division: | |
| Injury/Illness Date: / / | Incident Time: <input type="checkbox"/> AM <input type="checkbox"/> PM | Date of Initial Treatment: / / | Department: <input type="checkbox"/> Transportation <input type="checkbox"/> Mechanical <input type="checkbox"/> Engineering <input type="checkbox"/> Operations <input type="checkbox"/> Other | |

Release of Information/Case Consent:

I hereby authorize and direct you to release to Amtrak and its authorized representatives any and all health and medical information, including all records, reports, notes, diagnostic tests and imaging studies, and all other information relating to my medical history, diagnosis, and treatment. This also authorizes you to communicate with Amtrak, in writing, orally, or by other means (e.g. electronically, by e-mail) in order to discuss and/or exchange information concerning my injuries, illness, condition, and treatment. A copy of this authorization shall be as effective as the original. This authorization shall remain in full force and effect until revoked by me in writing.

Printed Name

Date

Signature of the Injured Person:

Date:

Medical Treatment Information:

| | |
|--|---|
| Diagnosis of Injury/Illness: | |
| How did injury occur? | |
| Were X-Rays Taken? | If yes, Type: Results: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Was prescription Medication given at time of treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was prescription Medication Prescribed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, type: Prescription Name: | Prescription Strength: |
| Prescription Name: | Prescription Strength: |
| Primary Care Physician: Name: | Phone Number: |
| Height: ft in | Weight: |
| Did the injured person receive a closure device (i.e. sutures, stitches etc.)? If yes, Type: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Did the injured person receive an immobilization device (i.e. cast, sling, etc)? If yes, Type: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the injured person able to resume normal work activities immediately after treatment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If No: | |
| Total days of restricted activity: As of: / / | Total days of lost time: As of: / / |
| Did the injured person lose consciousness? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Was the injured person hospitalized for treatment as an inpatient? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Describe prior Injuries/Problems to the symptomatic area: | |
| Prior work/lifting/sports/traumatic/MVA injuries? If yes, describe: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Prior PT/Chiropractic/Orthopedic treatment? If yes, describe: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Describe the Treatment Given: | |
| List of hobbies: | |
| Comments: | |
| Printed Name of Treating Facility: | Phone Number of Treating Facility: |
| Physician's Signature: | Physician's Printed Name Date: / / |

APPENDIX D

Medication Review – Employee Return to Work Examination

| | | |
|------------------|----------------------|------------------------------|
| <i>Last Name</i> | <i>First Name</i> | <i>SAP ID</i> |
| <i>Job Title</i> | <i>Work Location</i> | <i>Manager or Supervisor</i> |
| <i>Date</i> | | |

MEDICATION REVIEW - Review **ALL** employee medications to identify any medications that could possibly cause impairment, sedation or side effects that could impact on employee's ability to work safely in a railroad environment. Review should include prescription and over-the-counter medications, vitamins, supplements and herbal products.

Amtrak Medical Department will follow-up with employee when an impairing medication or safety concern is noted.

- No impairing medication
- Possible Impairing Medication or Safety Concern

Comments:

*Medical Examiner's Name, Degree
[Print]*

NPI #

Signature

APPENDIX E

Sleep Apnea Screen Guidance

Each Amtrak employee needs to be routinely screened for sleep apnea when a periodic examination or DOT - CMV examination is performed.

Also, each applicant needs to be routinely screened for sleep apnea during the pre-employment examination.

The screening method used is left to the discretion of the medical examiner, as there is presently no “gold standard” and recommendations vary. Acceptable screening methods include use of a validated questionnaire, review of symptoms, and review of risk factors associated with sleep apnea.

The screening criteria of the MCSAC-MRB Task 11-05 Report, February 21, 2012 is presented below for information:

OSA Screening (i.e., identifying individuals with undiagnosed OSA)

1. In addition to a BMI of 35 or above, the following information may help a clinician diagnose OSA:
 - a. Symptoms of OSA may include loud snoring, witnessed apneas, or sleepiness during the major wake period;
 - b. Risk factors of OSA may include the following factors. However, a single risk factor alone may not infer risk, and a combination of multiple factors should be examined.
 - i. Factors associated with high risk:
 - Small or recessed jaw
 - Small airway (Mallampati Scale score of Class 3 or 4)
 - Neck size \geq 17 inches (male), 15.5 inches (female)
 - Hypertension (treated or untreated)
 - Type 2 diabetes (treated or untreated)
 - Hypothyroidism (untreated)
 - ii. Other factors:
 - BMI greater than or equal to 28 kg/m²
 - Age 42 and above
 - Family history of sleep apnea
 - Male or post-menopausal female
 - Experienced a single-vehicle crash

http://mcsac.fmcsa.dot.gov/Documents/Feb2012/Final_Report_Task%2011-05_Feb_2012_meeting.docx

APPENDIX F

Amtrak's Audiometric Requirements

As an occupational health facility that conducts audiometric examinations for Amtrak, we need to ensure that the audiometric testing is being conducted in accordance with the OSHA Occupational Noise Exposure Standard (29 CFR 1910.95). Below is a checklist of the OSHA requirements for audiometric tests, which Amtrak has asked your facility to complete. The OSHA standard includes requirements for personnel qualifications, equipment standards and calibration, audiometric procedures, and audiogram interpretations.

Please review the audiometric testing requirements in 29 CFR 1910.95 (g) and (h) and appendices C, D, E, and F. Rosa M. Nesmith, Senior Coordinator, Health Programs is Amtrak's Audiometric Program Coordinator and can be reached at Amtrak Human Capital, 405 N King Street, 6W014, Wilmington, DE 19801, FAX (302) 429 5088.

| Audiometric Program Test Requirements: | |
|---|---|
| 1, | Audiometric tests are performed by a licensed or certified audiologist, otolaryngologist, or other physician or a technician who is certified by the Council of Accreditation in Occupational Hearing Conservation, or has satisfactorily demonstrated competence in administering audiometric examinations, obtaining valid audiograms, and properly using, maintaining and checking calibration and proper functioning of the audiometers being used. (Exception: A technician who operates microprocessor audiometers does not need to be certified.) All technicians who perform audiometric tests are responsible to and audiologist, otolaryngologist, or physician 29 CFR 1910.95(g)(3). |
| 2. | All audiometers meet the specifications of and all audiograms obtained meet the requirements of 29 CFR 1910.95 Appendix C |
| 3. | Audiometers are calibrated and records kept as described in 29 CFR 1910.95 Appendix E and 29 CFR 1910.95(h)(5). |
| 4. | Audiogram results will be reported to Amtrak within 48 hours. |

APPENDIX G

FRA Accepted Color Vision Tests

The Medical Facility is responsible for ensuring that color vision is tested using a method approved by the Federal Railroad Administration as specified in 49 CFR Part 240 or Part 242; these tests are the only color vision tests approved for use on Amtrak employees. The information below is provided as information and was current as of January, 2014.

49 CFR Part 242 – Qualification and Certification of Conductors

Appendix D — Medical Standards Guidelines

- (1) The purpose of this appendix is to provide greater guidance on the procedures that should be employed in administering the vision and hearing requirements of § 242.117.
- (2) In determining whether a person has the visual acuity that meets or exceeds the requirements of this part, the following testing protocols are deemed acceptable testing methods for determining whether a person has the ability to recognize and distinguish among the colors used as signals in the railroad industry. The acceptable test methods are shown in the left hand column and the criteria that should be employed to determine whether a person has failed the particular testing protocol are shown in the right hand column.

| Accepted tests | Failure criteria |
|---|---|
| Pseudoisochromatic Plate Tests | |
| American Optical Company 1965 | 5 or more errors on plates 1-15 |
| AOC—Hardy-Rand-Ritter plates—second edition | Any error on plates 1-6 (plates 1-4 are for demonstration — test plate 1 is actually plate 5 in book) |
| Dvorine—Second edition | 3 or more errors on plates 1-15 |
| Ishihara (14 plate) | 2 or more errors on plates 1-11 |
| Ishihara (16 plate) | 2 or more errors on plates 1-8 |
| Ishihara (24 plate) | 3 or more errors on plates 1-15 |
| Ishihara (38 plate) | 4 or more errors on plates 1-21 |
| Richmond Plates 1983 | 5 or more errors on plates 1-15 |
| Multifunction Vision Tester | |
| Keystone Orthoscope | Any error |
| OPTEC 2000 | Any error |
| Titmus Vision Tester | Any error |
| Titmus II Vision Tester | Any error |

49 CFR Part 240 – Qualification and Certification of Locomotive Engineers Certification

Appendix F – Medical Standards Guidelines

Accepted tests are identical to those above.

Note: Ishihara 14 plate test is preferred test for Amtrak.

APPENDIX H

Authorization to Work with Medications – NRPC 3133



Authorization to Work with Medication(s)*

*Medication(s) that may interfere with safe work performance.

Employee: Complete and sign the top portion of this form and give it to your physician.

| | |
|--------------------|------------------------------------|
| Employee Name | Employee ID |
| Current job title: | Current Work Location (city/state) |

Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Operate a train <input type="checkbox"/> Control the dispatch of trains/power director <input type="checkbox"/> Carry firearms for security purposes <input type="checkbox"/> Construct/maintain signal systems <input type="checkbox"/> Operate equipment <input type="checkbox"/> Crew dispatcher/clerical | <input type="checkbox"/> Operate a forklift or a vehicle requiring a commercial drivers license <input type="checkbox"/> Maintain/repair trains or the electromechanical systems controlling their movement <input type="checkbox"/> Maintain/repair the right-of-way <input type="checkbox"/> On board food service/train attendant <input type="checkbox"/> Work on or about trains/moving equipment <input type="checkbox"/> Management/administrative |
|--|--|

| |
|---|
| Medications and/or over-the-counter substances currently being taken: |
|---|

I certify that the above information is accurate and complete and permit my treating physician to release any necessary medical information to Amtrak's Health Services Office. I have informed my treating physician of my current job responsibilities and have presented him/her with the Medication Reference Card.

Employee's Signature: _____ Date: _____

Physician: Complete and sign the bottom portion of this form and transmit it to the Amtrak Health Services confidential fax at 215-349-4401.

I, _____ (print physician's name) have prescribed the following medication(s):

| Medical condition/diagnosis | Medication | Dosage | Treatment Period (from-to-date) |
|-----------------------------|------------|--------|---------------------------------|
| | | | |
| | | | |
| | | | |

I have reviewed the employee's job description and discussed the effect(s) of the listed medication(s) on performing his/her job duties safely. Based on the above, I authorize the following:

Check only one:

- Employee **IS NOT** authorized to perform his/her duties while taking this medication.
 Employee **IS** authorized to perform his/her duties while taking this medication.

Physician's Signature: _____ Date: _____

Telephone No.: () - Fax No.: () -

NRPC 3133 word template
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