

Employees who have been off work on a Medical Leave of Absence with a medical condition that may adversely affect their ability to work safely (such as the ones described below) must be reviewed for fitness-for-duty by the Medical and Environmental Health Department (MEH) before returning to work. If you **do not** have a condition such as the ones described below, please complete **ONLY** the Short Form (page 4). If you do have a condition below, complete the Medical Status form (page2)

Examples of medical conditions or events that may adversely affect an employee's ability to work safely include, but are not limited to:

- Diabetes with insulin injection
- Bone Fracture
- Heart disease or any heart surgery or procedure
- Seizure
- Stroke/TIA (transient ischemic attack)
- Sleep Apnea/sleep disorder
- Hospitalization
- Loss of consciousness
- Major Surgery (Major surgery usually involves *more* than a local anesthetic and is performed in a hospital or surgery center; minor surgery is usually done in a provider's office or lab)
- Severe uncorrectable loss of hearing or vision
- Medical treatment for condition affecting equilibrium or balance
- Absence greater than 30 calendar days
- Work restrictions prescribed by a physician or other Medical Service Provider (MSP)

If unsure about which form to complete, please call the Off Duty Fitness for Duty Department at 855-781-3058.

To initiate the fitness-for-duty process, follow these instructions:

- Prior to your last Physician/Treatment Provider's appointment, obtain a Medical Status Form from your supervisor, Field MEH Manager, Director of Administration or designated Leave Administrator. These forms are also available by:
 - BNSF intranet site: select the tab that says 'Safety', scroll down and select 'Medical & Environmental Health' and then scroll down to the 'Forms' channel, click on 'Return to Work From Off-Duty Medical Condition' or [Medical Status Form on SharePoint](#)
- Complete Section 1 of the Medical Status Form and sign.
- Ensure that the Physician/Treatment Provider completes Section 2 of the Medical Status Form. For Restricted Duty, an anticipated full duty release date must be included.
- **Submit the Medical Status Form and the required medical documents** (appropriate to your medical conditions). Providing the following medical documents will expedite the review process:
 - **Diagnostic Test Results**
 - **Physical Therapy Discharge Note, or Most Recent PT Note**
 - **Lab Work**
 - **Operative Report, if applicable**
 - **Last 2 Most Recent Office Notes**
 - **Hospital Discharge Summary, if applicable**

****Employee/patient is financially responsible for any cost associated with obtaining this information****

- Fax (or the Physician/Treatment Provider may do so) the completed Medical Status Form and required medical documents directly to the number listed at the top and bottom of the form to maintain medical confidentiality. Please follow the fax with a phone call.

INCOMPLETE OR ILLEGIBLE DOCUMENTS WILL CAUSE DELAYS.

The following information applies to this and any subsequent request related to this fitness for duty assessment: "The Genetic Information Non-Discrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information' as defined by GINA, includes any individual's family medical history, the result of an individual's or family member's genetic tests, the fact that an individual or an individual family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assisted reproductive services."

Medical Status Form for Non Work Related Medical Conditions
Fax completed form and requested documents to [redacted] fax



Questions? Please call [redacted] to speak with Off-Duty Department

SECTION 1 - EMPLOYEE (all items must be completed)

| | | | | | |
|--|---------------------|--------------|---------------------------------------|----------------|---------------------|
| Name: | | Employee ID: | | Date of Birth: | |
| Address: | Good Contact Phone: | | Last Day Worked: | | Supervisor: |
| | Job Title: | | Division: | | Supervisor's phone: |
| Could you be required to drive a company vehicle? No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes , DOT/CMV certificate holder? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | | |
| List all medications you take regularly: | | | Name of Provider Signing Below: _____ | | |
| | | | Specialty: _____ | | |
| | | | Address: _____ | | |
| | | | City, State, Zip: _____ | | |
| | | | Phone: _____ Fax: _____ | | |
| I hereby authorize my physician to release any information except family medical history or genetic information that is requested with respect to this medical condition to the BNSF Medical & Environmental Health Department and/or its designees. | | | | | |
| Employee's Signature: _____ | | | Date: _____ | | |

➔ If you cannot return to work at this time, **Do Not** complete this form – Provide a “No work slip” to your Leave Administrator. ←

SECTION 2 – PHYSICIAN/TREATMENT PROVIDER (all items must be completed)

| | | | |
|---|--|--|--|
| Diagnosis: | | ICD Codes: | |
| Current Physical Exam Findings and Response to Treatment: | | | |
| ➔ Include a COPY of the following: results of any diagnostic tests, physical therapy discharge note, operative report, most current office notes – (post op note preferred with surgery), & hospital discharge summary to demonstrate fitness for duty **Employee/patient is financially responsible for any cost associated with obtaining this information** | | | |
| Current BP: _____ | | Type and date of surgery: | |
| Current LVEF % (if applicable): _____ | | ***Attach operative report or cardiac catheter report for review | |
| If diabetic, current Hgb A1c %: _____ | | If the diagnosis affects vision, include a current <u>corrected</u> visual acuity. | |
| Current Medication(s) you are prescribing– with Dosage & Frequency: | | Distant: OD _____ OS _____ OU _____ | |
| | | Is the employee's alertness impaired by a medical condition or medications? <input type="checkbox"/> Yes <input type="checkbox"/> NO⇒ If yes, explain | |
| | | Has the employee discussed with you his/her current job duties? <input type="checkbox"/> Yes <input type="checkbox"/> NO | |

******* Work Status Recommendation *******

Full Duty (No Restrictions) Effective Date: _____ ➔ **DO NOT** circle a restricted activity level below

Restricted Activity (Complete below) Effective Date: _____

Full Duty Date: _____ **or** Next Follow-up Date: _____

| | | | | | | |
|---|----------------------------------|---|---|------------------------------------|---|---|
| Circle applicable activity level N = No activity O = Occasional | Walking on uneven surfaces: | N | O | Climbing (ladder, scaffold, etc.): | N | O |
| | Stooping, bending or twisting: | N | O | Working at unprotected heights: | N | O |
| | Operating vehicles or machinery: | N | O | Lifting up to _____ lbs.: | N | O |
| | Other: _____ | | | | N | O |

These restrictions are: Temporary Long-Term ➔ Send 2 most recent office notes and medical documents

Treatment Provider's Signature: _____ **Date Completed:** _____

Please note Gina disclaimer on instructions

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Frequently Asked Questions (FAQ's) Return to Work for Non-Work Related Medical Conditions

Getting Started

1Q: *I am ready to return to work from a medical condition and have a Medical Status Form and a Return-To-Work Short Form. Which do I complete?*

A: A **Medical Status Form** for Non-Work Related Medical Conditions is completed when medical condition(s) may affect ability to work safely (see the list of examples on page one of the Medical Status Form Packet). A medical absence greater than 30 days is one such indicator. A **Short Form** is completed if you don't meet the criteria for a fitness-for-duty review by Medical Department. See questions below for more information. **Only one completed form is necessary for return to work.**

Medical Status Form

2Q: *My physician/treatment provider and I completed and faxed the Medical Status Form, now what?*

A: The review process will begin once the Medical Status Form has been received. You should expect to be contacted by phone within 24 hours of receipt. If you have not received any contact, please call the Medical Department at [REDACTED]

3Q: *Can I anticipate any unnecessary delays?*

A: A delay can be encountered when the applicable medical documents are not submitted with the completed Medical Status Form. See Section 2 of the form. Delays can also be encountered when Section 1 is not fully completed. Please review the Medical Status Form thoroughly before having your physician/treatment provider complete.

4Q: *My provider has not released me to return to work yet. Shall I submit a Medical Status Form?*

A: No. Contact your local supervisor or your leave administrator to secure all medical leaves or extensions.

Short Form

5Q: *I've completed the Short Form, now what?*

A: You need to get the signed form to your supervisor or whomever placed you on Medical Leave, which should allow you to mark up. Please follow the instructions listed on the Short Form for handling.

The Short Form is not reviewed nor handled by the Medical Department.

6Q: *Can I anticipate any unnecessary delays?*

A: Delays can be encountered when the instructions listed on the Short Form are not followed.

Benefits

7Q: *Does BNSF have a general Benefits Helpline?*

A: Yes. Scheduled Benefits can be reached at [REDACTED] or benefitsscheduled@bnsf.com.

8Q: *I plan on securing a medical leave soon. Will my health benefits expire in my absence from work?*

A: Health insurance benefits continue while you are on medical leave as long as you are either receiving sickness benefits from the Railroad Retirement Board or have a current "Proof of Disability" form on file with the Plan Administrator, United Healthcare. Maximum coverage periods are subject to Plan guidelines. Intermodal equipment operators may contact ASD at [REDACTED] for benefits continuation information.

Income

9Q: *I plan on securing a medical leave. Will this affect my monthly income?*

A: Yes, scheduled employees do not have Short or Long Term Disability coverage. You should contact the Railroad Retirement Board at 877-772-5772 to determine if you are eligible for sickness benefits. Shop Craft, Maintenance of Way and Signal employees have Supplemental Sickness Benefits (SSB) through Aetna. You can contact them at 800-205-7651 to open a claim. Yardmasters have SSB coverage through Trustmark. They can be reached at 800-504-9052 to open a claim.

Paperwork

10Q: *My provider charges for all paperwork. Who will pay for this?*

A: As this is for your personal health and safety, it's your financial responsibility and should be filed through your personal medical insurance.

Short Form

(Return to Work for Medical Conditions **NOT** Requiring Medical Review)

I, _____, BNSF Employee number _____,
(Please print employee name)

acknowledge that I can safely return to my regular duties following an absence from work since _____ (date last worked). I do not have work place restrictions that prevent me from performing all of my work tasks safely.

I acknowledge that since I last worked at BNSF I have not developed or experienced a medical condition that may adversely affect my ability to work safely.

I certify that my response is correct and true.

Employee Signature

Date

If you have any questions, you may contact the Off-Duty Department at _____

THIS FORM SHOULD NOT BE SENT TO THE MEDICAL DEPARTMENT

READ INSTRUCTIONS BELOW CAREFULLY

Instructions to Employee:

If you do not meet the criteria for medical review please complete this form and return to your medical leave administrator or your supervisor (generally whomever processed your original leave), and return to work.

Instructions to Medical Leave Administrator or Supervisor:

Upon receipt of this signed form, please fax to Personnel Records at _____ and mail the original to Personnel Records, 2400 Western Center Blvd., Ft. Worth, TX 76131.

This form will not go to the Medical Department. Once you sign this form, it is sent to Personnel Records and your supervisor will return you to work. You bypass any medical review process by the BNSF Off-Duty Department.

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