## **Return-to-Work Information Sheet**

The Norfolk Southern Medical Department's (NSMD) process for returning you to work following a non-medical absence of one year or longer or a medically-related absence will depend on your specific situation. Each situation involves an individual assessment of fitness-for-service. Most cases involve the same general steps<sup>1</sup> that are described in this information sheet.

This information sheet also:

- describes resources that are available to help you through the return-to-work process,
- provides direct contact information for your assigned NS Medical Department case coordinator who can help you quickly return-to-work,
- describes how to send medical records to the NS Medical Department, and
- provides general medical documentation requirements and return to work procedures and/or requirements for specific conditions.

You can access this **Return-to-Work Information Sheet** and other helpful resources on the ERC [Click on **Employee Self Service**, then, on **Medical Information**.] or, at <a href="https://www.nscorp.com">www.nscorp.com</a> [Click on **EMPLOYEES**, then, on **Medical** in the drop-down window]. If you do not have access to a computer, please call the NS Medical Department at 800-552-2306 for help.

#### 1. Return-to-Work Checklist.

A checklist is available to help you with some steps to take when you mark off for an extended medical absence, and help you through the return-to-work process.

You can find and print this checklist on the ERC. Click on **Employee Self Service**, then, on **Medical Information**. Finally, click on **Return-to-Work Checklist** in the Return-to-Work section in the yellow window.

If you are unable to access the ERC, you can also find a printable version of this checklist outside the NS network at <a href="www.nscorp.com">www.nscorp.com</a>. Go to <a href="mass.nscorp.com">nscorp.com</a>, click on the <a href="mass.nscorp.com">EMPLOYEES</a> tab, then, on the <a href="Medical">Medical</a> tab in the drop-down window. Finally, click on <a href="Return-to-Work">Return-to-Work</a> Checklist.

#### 2. Your Personal Case Coordinator.

You will be assigned a NS Medical Department case coordinator based upon your questions and the first letters of your last name. Your case coordinator will help you through the return-to-work process and help you get back to work quickly.

**Be proactive and get started early** by contacting your personal case coordinator as soon as possible after you have marked off work for an extended medical absence. Your case coordinator can help answer questions about what medical records and information, if any, are needed to determine your ability to return-to-work.

<sup>&</sup>lt;sup>1</sup> This is intended as an overview of the return-to-work process. Because an individualized assessment is always conducted, the exact return-to-work process may vary on a case-by-case basis. NSMD reserves the right to modify its policies at any time.

a) For help with questions about:

## > OFF-DUTY ILLNESSES OR OFF-DUTY INJURIES

- return-to-work process
- disability/sickness benefit form completion

#### PHYSICAL EXAMINATIONS OR HEALTH QUESTIONNAIRES

Here is your case coordinator's direct contact information:

First letters of your last name	Your Personal Case Coordinator	
	PHONE	FAX
A - Cr	757-629-2448	757-823-5771
Cs - He	757-629-2055	757-823-5771
Hf - Me	757-629-2439	757-823-5994
Mf - Sg	757-664-5005	757-823-5994
Sh - Z	757-629-2438	757-823-5772

b) For help with questions about:

#### > WORK RELATED ILLNESSES OR ON-DUTY INJURIES

- return-to-work process
- disability/sickness benefit form completion

Here is your case coordinator's direct contact information:

Your Personal	DHONE: 757 620 2440	FAX: 678-512-5071
Case Coordinator	PHONE. 757-629-2440	

c) For any questions about **VOCATIONAL REHABILITATION SERVICES**:

Here is your case coordinator's direct contact information:

Your Personal	PHONE: 757-664-5047	EAV. 757 922 5094
<b>Case Coordinator</b>	PHONE. 757-664-5047	FAX. 757-623-5961

<u>NOTE:</u> You can also find your case coordinator's direct contact information on the **Red Flyer** for **Employees** on our Medical Information page on the ERC. Click on **Employee Self Service**, then, on **Medical Information**. Finally, click on **Red Flyer for Employees** under Contact Information in the yellow window. If you prefer to use email, please call your case coordinator for a direct email address.

## 3. How to provide requested medical records and information to the NSMD

There are several ways that you can provide the NS Medical Department with requested medical records and information:

#### Send the records directly to your personal case coordinator (recommended):

- Fax (or email) the records directly to your assigned case coordinator.
- There is an easy to use Medical Fax Cover Sheet available to you for faxing records to us. Go to <u>nscorp.com</u>, click on EMPLOYEES, then click on the Medical tab in the drop-down window. Fill out and print the Fax Cover Sheet.
- This fax cover sheet is also available on the ERC. Click on Employee Self Service, then, on Medical Information. Finally, click on Fax Cover Sheet under Forms in the yellow window.

#### Other ways you can send records to the NS Medical Department:

- Email the records to <a href="mailto:medicalrecords@nscorp.com">medicalrecords@nscorp.com</a>
- Fax the records to toll-free fax number 866-627-0592
- Mail the records to:

Norfolk Southern Corporation Medical Services Three Commercial Place Norfolk, VA 23510-9202.

<u>NOTE:</u> When sending us records, please be sure to provide your full name, including middle initial, employee identification number, and a correct phone number and email address.

## 4. Fitness-for-service Documentation Requirements.

#### a) Non-Medical Absences (less than one year)

Unless there is a fitness-for-service issue, no additional information or evaluation is necessary if you have been out of work for less than one year due to a non-medical absence.

#### b) Non-Medical Absences (one year or longer)

If you have been out of work due to a non-medical absence (such as furlough, leave of absence, discipline or military leave) *for one year or longer*, you must complete a **Health Questionnaire** (Form/Item 002276-0) for review and determination of your fitness-for-service by the Medical Department.

- An interactive version of this form is available on the ERC. Click on Employee Self Service, then, on Medical Information. Finally, click on Health Questionnaire under Forms in the yellow window.
- If you are unable to access the ERC, you can download and print this form from the main <a href="www.nscorp.com">www.nscorp.com</a> website. Go to <a href="nscorp.com">nscorp.com</a>, click on the <a href="EMPLOYEES">EMPLOYEES</a> tab, then, on the <a href="Medical">Medical</a> tab in the drop-down window. Finally, click on <a href="Health Questionnaire">Health Questionnaire</a>. You can also obtain this questionnaire from your supervisor.
- You should complete the Health Questionnaire for the time period of your recent non-medical leave of absence, then, forward the completed questionnaire directly to the Medical Department. The preferred method is to fax or email the questionnaire directly to your personal case coordinator.
- The completed questionnaire can also be faxed to toll-free fax # 866-627-0592, emailed to <a href="mailedtomedicalrecords@nscorp.com">medicalrecords@nscorp.com</a> or mailed to Norfolk Southern Corporation, Medical Services, Three Commercial Place, Norfolk, VA 23510-9202.

When evaluating your fitness-for-service, the Medical Department may also request additional medical records and information for your medical condition(s) that occurred during the time period of your non-medical absence. Once these records and information are received and reviewed, your personal case coordinator will let you know if any additional information is needed to determine your fitness-for-service.

Finally, when a determination is made that you are fit-for-service, your case coordinator will personally notify you. *Please make sure that your case coordinator has your correct phone number and email address!* The Medical Department will also notify your supervisor (or administrative assistant) that you are medically cleared to return-to-work.

#### c) Medical Absences

In general, when you are returning to work from other than a minor medical absence, a work release from your treating doctor(s) including any recommended work restrictions and/or accommodations should be furnished to your supervisor and the NS Medical Department.

When evaluating your fitness-for-service, the Medical Department may also request that your treating doctor(s) provides additional medical records and information regarding your specific medical condition that caused the absence.

Please contact your personal case coordinator for information about whether any specific medical records and information will need to be provided. Once these records and information are received and reviewed, your case coordinator will let you know if any additional medical information is needed to determine your fitness-for-service.

Your case coordinator will also personally contact you when you are medically qualified to return-to-work. *Please make sure that your case coordinator has your correct phone number and email address!* Finally, the Norfolk Southern Medical Department will notify your supervisor (or administrative assistant) that you are medically cleared to return-to-work.

# 5. General guidance on medical records and information requested for specific medical conditions.

The following provides general guidance on medical information and records that *may* be requested by the NS Medical Department to assist in determining your fitness-for-service for the medical condition(s) that resulted in the medical absence or that occurred during the time period of your non-medical absence. The records and information requested may vary depending on your individual case. Please see sections 3 and 4 of this sheet for more information about the fitness-for-service process.

## a) Attention Deficit Disorder

- ☑ Written statement from your treating doctor that addresses:
  - o any *current* symptoms (including inability to remain focused and alert)
  - treatment, including prescribed medication and any adverse medication side effects you may be experiencing
  - o recommended work restrictions and/or accommodations, and if any, their anticipated duration

# b) Diabetes mellitus

- ☑ Office visit notes from your treating doctor (including any treating endocrine specialist)
- ☑ Most recent fasting blood sugar level and most recent Hemoglobin A1C level, if available
- ☑ Home blood glucose monitoring log for the past 2 weeks, if available
- ☑ Your treating doctor's (including any treating endocrine specialist's) recommended work restrictions and/or accommodations, and if any, their anticipated duration

## c) Fracture or broken bone

- ☑ Most recent office visit note from your treating doctor.
- ☑ Written statement (or office visit note) from your treating doctor that addresses:
  - whether your fracture is "clinically healed"
  - your treating doctor's recommended work restrictions and/or accommodations, and if any, their anticipated duration

# d) Heart condition or procedure (such as heart attack, stent placement...)

- ☑ Office visit notes from your treating cardiologist (and any other treating specialist)
- ☑ The results of the most recent stress test prior to your heart attack, angioplasty, and/or stent placement, if applicable
- ☑ The results of a stress test following your heart attack, angioplasty and/or stent placement, if applicable
- ☑ Operative/procedure report (such as cardiac catheterization, stent placement, angioplasty, CABG...), if applicable This report may be obtained from your surgeon's office or from the hospital where the surgery was performed. It is not necessary to provide all of the hospital records.

- ☑ If hospitalized, the "hospital admission summary" and "physician's discharge summary". Please request these documents from the Medical Records Department of the hospital. It is not necessary to provide all of the hospitalization records.
- ☑ Your treating cardiologist's (and any other treating specialist's) recommended work restrictions and/or accommodations, and if any, their anticipated duration

## e) Mental health condition (such as Anxiety or Depression)

- ☑ Office visit note or written statement from your treating doctor (your treating psychiatrist and psychologist, if any) that addresses:
  - prescribed medication and any adverse medication side effects you may be experiencing
  - o *current* control and stability of your condition
  - o recommended work restrictions and/or accommodations, and if any, their anticipated duration

## f) Orthopedic, bone or joint condition

- ☑ Office visit notes from your treating doctor (including any treating orthopedic doctor)
- ☑ Operative report, if applicable This report may be obtained from your surgeon's office or from the hospital where the surgery was performed. It is not necessary to provide all of the hospital records.
- ☑ Diagnostic test results, such as the most recent X-ray or MRI report please do
  not send X-ray or MRI films!
- ☑ Physical therapy discharge summary, if applicable
- Your treating doctor's (including any treating orthopedic doctor's) recommended work restrictions and/or accommodations, and if any, their anticipated duration

## g) Pregnancy, childbirth, or its complications

If you are returning to work to a physically demanding job from pregnancy, childbirth, miscarriage, or complication of pregnancy, a work release from your personal doctor noting any recommended work restrictions and/or accommodations should be provided.

# h) Seizure or convulsion (single episode) with no prior diagnosis of Seizure Disorder

- ☑ Office visit notes from your treating doctor (including treating neurologist, if any).
- ☑ Recent office visit note or written statement from your treating doctor addressing:
  - likely cause of seizure
  - o date of last known seizure
  - o risk of experiencing a recurrent seizure within the next 6 months to one year
  - o recommended work restrictions and/or accommodations, and if any, their anticipated duration
- ☑ If hospitalized, the "hospital admission summary" and "physician's discharge summary". Please request these documents from the Medical Records Department of the hospital. It is not necessary to provide all of the hospitalization records.

- ☑ Diagnostic test results, including EEG report
- ☑ Lab results (e.g., medication levels)

# i) Seizure Disorder (such as Epilepsy, Complex Partial Seizure Disorder...)

- ☑ Office visit notes from your treating neurologist.
- ☑ Office visit note or written statement from your treating neurologist addressing:
  - date of last known seizure
  - treatment, including prescribed medication and any adverse medication side effects you may be experiencing
  - o risk of experiencing a recurrent seizure within the next 6 months to one year.
  - o recommended work restrictions and/or accommodations, and if any, their anticipated duration
- ☑ If hospitalized, the "hospital admission summary" and "physician's discharge summary". Please request these documents from the Medical Records Department of the hospital. It is not necessary to provide all of the hospitalization records.
- ☑ Diagnostic test results, including EEG report
- ☑ Lab results (e.g., medication levels)

# j) Sleep Apnea

- ☑ Office visit notes from your treating doctor (including any treating sleep specialist)
- ☑ Sleep study report of the initial sleep study that established the diagnosis of sleep apnea, and any subsequent sleep study such as CPAP titration
- ☑ A downloaded CPAP log for the past 2 weeks. Compliance guidelines are defined as CPAP use for at least 4 hours per day on at least 70% of days, for at least the prior 2 weeks.
- ☑ Your treating doctor's (including any treating sleep specialist's) recommended work restrictions and/or accommodations, and if any, their anticipated duration

# k) Surgery - simple surgical procedures and other specified surgeries:

# Examples:

- Ear, nose and throat surgery (such as sinus surgery)
- Stomach and digestive system (such as appendectomy, gallbladder surgery and laparoscopic procedures)
- Urinary and reproductive systems (such as hernia repair not involving mesh or extensive reconstruction, hysterectomy and C-section)
- Skin biopsies and removal of minor skin lesions
- Other similar surgical procedures or surgery
- ☑ Your treating surgeon's work release noting type of surgery, date of surgery and any necessary work restrictions and/or accommodations.

Ask your personal case coordinator if this guidance applies to your surgical procedure or surgery, and whether any additional medical information and records are needed to enable a determination of your fitness-for-service.

#### 6. Medication and Work

A number of medications, both prescription and over-the-counter, may cause sedation or other effects on your level of consciousness and may adversely impact not only your own safety, but also that of your co-worker(s) and/or the general public. If you occupy a position that is critical to safe railway operations, you may not work in safety-sensitive and/or non-sedentary positions if you are experiencing such side effects or if, based on the facts of your case, there is significant risk that you could experience such side effects. Opiate narcotics, synthetic and non synthetic types, are not permitted to be taken at work or within a minimum of 6 hours (or possibly longer depending on the particular medication) prior to marking up for service in safety sensitive and/or non sedentary jobs.

In addition to ensuring that you are in compliance with all Safety and General Conduct Rules as well as federal regulations, you should consult your physician and/or pharmacist to address potential side effects, both singularly and combined, of all prescription and over-the-counter medications you are taking. If you are in a safety sensitive and/or non-sedentary position and are taking medication that may potentially impact your safety, and that of your coworker(s) and/or the general public, you should notify the Medical Department to determine if the NSMD will permit you to work while taking these medications or under what restrictions. This refers to any medication with potential side effects noted by the pharmacy, listed by the manufacturer, or described by your prescribing physician that includes fatigue, drowsiness, weakness, dizziness and/or similar effects that may impair alertness or alter level of consciousness.