

Attending Physician's Return to Work Report – Form Instructions

Purpose of the form:

The Attending Physician's Return to Work Report should be completed when a safety sensitive, management employee is released to return to work from to Salary Continuance. This information is used to determine Fitness for Duty on returning to work in a safety critical work environment.

Who completes the form:

The **employee completes the top portion of the form in its entirety** to prevent processing delays. The remainder of the form should be completed by each of the employee's treating physicians or other appropriate licensed treating healthcare providers. **The healthcare provider or employee should return the completed form along with any additional treatment information to:**

- 1. Email: FMLA_Coordinator@nscorp.com
- 2. Fax: 470-463-5034

Contact information:

If you have questions about the Attending Physician's Return to Work Report, you can email FMLA_Coordinator@nscorp.com

Additional Instructions for Certain Diagnoses

If any of the conditions named below apply, please provide the additional information requested along with this report. **Office visit notes are required on each relevant condition, summaries are not sufficient for determination of clearance.**

SURGICAL PROCEDURE

If employee underwent a surgical procedure: provide operative note and last post-operative note.

CARDIAC ISSUE

If employee is suffering from heart disease: submit most recent office visit note, report indicating most recent ejection fraction (echocardiogram, nuclear study, or catheterization report if applicable), recent Bruce protocol stress test report, Holter monitoring report, or results of any other specialized testing that may have been performed in the course of evaluation and treatment (if not already performed, any tests used to determine fitness for duty will be at the employee's expense).

DIABETES

If employee is suffering from diabetes mellitus: a fasting blood sugar and glycosylated hemoglobin (Hgb A1C) performed within the last thirty (30) days; prescribed diet; frequency, nature and severity of any symptomatic hypoglycemic or hyperglycemic episodes or reactions in the past six months; state of employee's compliance with treatment regimen; frequency of employee's visits to you for monitoring and nature of any employee self-monitoring; nature, severity and extent of any diabetic complications (e.g., retinopathy, neuropathy, etc.); ability of employee to recognize and manage hypoglycemic reactions. Submit most recent office visit note.

NEUROLOGICAL ISSUE

If employee is suffering from seizure disorder, stroke/TIA, TBI or disturbance of consciousness: frequency, nature and severity of any seizures, disturbances of consciousness, syncope, or dizziness,

in past one year; results of recent neurological examination; results of any tests (e.g., EEG, brain scan, blood levels of medications, etc.) that may have been performed; state of employee's compliance with treatment regimen; frequency of employee's visits to you for monitoring. Submit most recent office visit note.

SLEEP DISORDER

If employee has been diagnosed with a sleep disorder submit most recent office visit note; copies of applicable test report (sleep study, MSLT, MWT) before and after treatment along with treatment compliance report to verify using device as recommended by treating provider.

ORTHOPEDIC ISSUE

If employee is being treated for an orthopedic condition or injury (conditions related to the neck or back or involving the upper and lower extremities): Submit most recent office visit note specifying physical abilities, strength, ROM, or any physical limitations, copy of 3 most recent physical therapy reports including a discharge summary, and imaging studies (MRI, CT, X-ray) if applicable.

SUBSTANCE ABUSE

If employee is suffering from substance abuse: copy of results of any recent alcohol and/or drug testing; details of rehabilitation and recovery plan; nature, extent and severity of any complications of substance abuse. Employee will also be required to contact the NS Employee Assistance Program.

MENTAL HEALTH DISORDER

If employee has been hospitalized, submit the discharge summary or post discharge outpatient visit report. Submit most recent office visit note.

Attending Physician's Return to Work Report

Form to be completed and submitted when an employee is released to return to work from Salary Continuance. Failure to attach all applicable documentation requested on page 1 of this form will delay your work clearance. Summaries of office visit notes are not accepted. **Please print clearly. illegible forms will be returned to the employee.**

| | | | |
|-------------------------|-------------|-------------------------|------------------------|
| Employee Name | | DOB | Employee Mobile Number |
| Address | | | |
| Employee Personal Email | | | |
| Last 4 SSN | EIN. Number | Job Title | |
| Supervisor Name | | Supervisor Phone Number | |
| Department | | Work Location | |

Last Date Worked: _____

Employee Claims On-Duty Injury: Yes No. If yes, see page 6.

The above employee has reported that he has been under your professional care. To enable his consideration his return to work, please complete the remaining portion of this report in its entirety. For certain diagnoses or conditions specific additional treatment information may be required. See instructions on page 1.

A copy of recent medical records may be submitted in lieu of completion of this form provided all necessary information identified below is included in the medical records.

Please complete this form in its entirety and return all attachments to the Leave Management Team at the email or fax above. All information will be treated confidentially. Thank you.

1. Chief Complaint / History: _____

2. Current Vitals: BP _____ Ht _____ Wt _____ If treating Diabetes: HgbA1c _____ Fasting BS _____

3. Current Physical Exam Findings: _____

4. Diagnoses with ICD Codes: _____

5. Treatments: (include procedures or surgeries and dates performed) _____

6. Current medications with dosages and frequency: (may attach separate medication list) _____

7. Will any medication employee is taking adversely affect alertness, coordination, judgment, vision, or gait?
Please check one: Yes No
If yes, please explain: _____

8. Date of Next Visit (if any) : _____

9. For the current episode of care what date range or individual dates was the employee unable to work?
From _____ To _____ OR Individual Dates: _____

10. Prognosis: _____

11. The employee is able to perform his/her assignment without posing a direct threat to his/her own safety or the safety
of others on (return date should not be more than two weeks in advance of last assessment):
Return to Work Date: _____ Without Restrictions
 With Restrictions

(Whether a person poses a "direct threat" to himself/herself, or others must be based on the most current medical knowledge and/or the best available objective evidence about this individual. There must be a significant risk of substantial harm; the risk may not be speculative or remote. In reaching your conclusion, you should consider the duration of the risk, the nature and severity of the potential harm, the likelihood that the potential harm will occur and the imminence of the potential harm. If you conclude that this person would pose a "direct threat" please provide us with the basis for your conclusion addressing the issues noted above.)

12. Please specify any recommended activity restrictions, limitations, or accommodations: _____

Restrictions are: Permanent Temporary

If temporary, how long will recommended work restrictions be in effect? _____

Signature of Treating Healthcare Provider _____

Date _____

Print Name _____

Specialty _____

Phone & Fax Number _____

Street Address _____

City, State, Zip _____

Information to Submit if Claimed as On-Duty Injury

- If applicable, Emergency room, Urgent Care, or other initial evaluation records
- Initial Office visit notes from all treating health care providers (including any treating specialist) and include most recent one-year OV notes including return to work recommendations.
- If applicable, recommended work restrictions and/or accommodations, and if any, their anticipated duration from any treating health care provider (including any treating orthopedic doctor's)
- Admission note and discharge summary for all hospitalizations
- If applicable, Operative report, if applicable – Either from surgeon's office or hospital where the surgery was performed. It is not necessary to provide all hospital records.
- All diagnostic study reports, such as X-ray, MRI, EMG - please do not send X-ray or MRI films!
- If applicable, Physical therapy initial evaluation and discharge summary along with last three therapy notes, if applicable
- IME, FCE or other similar evaluations, if applicable

NSHS MEDICATION GUIDANCE

FOR EMPLOYEES PERFORMING SAFETY-SENSITIVE DUTIES*

Norfolk Southern’s strong commitment to safety requires that employees be at their best every time they are at work. It is the responsibility of each employee to ensure that they are physically and mentally fit for duty and free from any potential impairment caused by illicit drugs, prescription drugs, alcohol, over-the-counter medications, or supplements. While there are many side effects which can be caused by medications, including over the counter and supplements, the most concerning substances are those which can cause sedation. In general, prescription pain medicines, muscle relaxers and sleep aids have these restrictions. These are only examples. Medication labels should be read carefully and before beginning any medication which includes a warning of “Do not drive or operate heavy machinery until you know how this medication affects you” you should discuss that medication and all other medications you are taking or might take, with your health care provider.

The purpose for this list of restricted medications is to help you with discussions with your treating healthcare provider so you can minimize risk to your safety and the safety of others from medications.

In general, NSHS medication guideline prohibits use of a medication which may impair while at work and for a minimum number of hours prior to reporting for work. The list below is only an example of medications which fall under the following time frames of concern.

Please provide this chart to your prescribing health care provider. Ask if your prescription medication falls within one of the categories described below. If it does, follow the applicable guidance. If you cannot meet these guidelines, promptly contact NSHS for a fitness- for-duty evaluation.

Not Permitted

These medicines are not permitted: Spravato (esketamine), medical or recreational marijuana.

CBD products (must be used with caution as contain THC and will not be a valid explanation for a positive drug test. Contact Health Services if any questions)

24 Hours

The last dose of these medications must be at least 24 hours prior to reporting for safety-sensitive duty and may not be taken while on duty.

Opioid and Synthetic Opioid Drugs *(Not all inclusive; most common medications)*

Generic Name

Brand Examples

BuprenorphineBuprenex, Butrans, Suboxone, Subutex

Butorphanol..... Stadol

Fentanyl..... Abstral, Actiq, Fentora, Duragesic, Lazanda, Onsolis, Sublimaze

Naltrexone..... Vivitrol

Methadone..... Methadone

12 Hours

The last dose of these medications must be at least 12 hours prior to reporting for safety-sensitive duty and may not be taken while on duty.

| <u>Opiate and Synthetic Opioid Drugs</u> <i>(Not all inclusive, most common medications)</i> | | Benzodiazepines <i>(Not all inclusive, most common medications)</i> | |
|--|--|---|--------------------|
| Generic Name | Brand Names (as example) | Generic Name | Brand Names |
| Hydrocodone extended release | Hysingla ER, Zohydro ER, Roxicodone, OxyIR | Clorazepate | Tranxene, |
| Hydromorphone | Dilaudid, Palladone | Diazepam | Valium |
| Meperidine | Demerol | Midazolam | Versed |
| Morphine | Avina, Duramorph, Kadian, MS Contin, MSIR, Oramorph, Roxanol | Lorazepam | Ativan |
| Nalbuphine | Nubian | Temazepam | Restoril |

| | | | | |
|----------------------------|---|--|---|--------------------------------------|
| Oxycodone Extended Release | OxyContin, Dazidox, Oxecta, Oxyfast, OxyIR, Percolone, Roxicodone | | Triazolam | Halcion |
| Oxymorphone | Opana | | Barbiturates and Others <i>(Not all inclusive, most common medications)</i> | |
| Pentazocine | Talwin NX | | Generic Name | Brand Examples |
| Tapentadol | Nucynta | | Amobarbital | |
| Tramadol | ConZip, Rybix, Ultram | | Butabarbital | |
| | | | Butalbital | Esgic, Fioricet, Fiorinal, Phrenilin |
| | | | Socobarbital | |
| | | | Pentobarbital | |
| | | | Pregabalin, Gabapentin | Lyrica, Neurontin |
| | | | Carisoprodol | Soma |

8 Hours

The medications listed below break down more quickly in your body and can be used up to 8 hours before reporting for safety-sensitive duty and may not be taken while on duty in a safety sensitive position. You are responsible for working with your prescribing health care provider to ensure use of any of these medicines adheres to these restrictions. These are only examples of medications in this group.

| Generic Name | Brand Example |
|---------------------|---|
| Codeine | Tylenol with Codeine, Tylenol #3, Empirin #4 |
| Cyclobenzaprine | Flexeril, Flexepax, Amrix |
| Dihydrocodeine | Panlor DC, Synalgos DC, Zerlor |
| Diphenhydramine | Benadryl, Tylenol PM, Robitussin PM, other night-time cold /pain medicine |
| Hydrocodone | Vicodin, Hysingla, Zohydro, Norco |
| Oxycodone | Endocet, Endodan, Endocodone, Percocet, Percodan, Roxicet, Tylox |
| Metaxalone | Skelaxin |
| Tizanidine | Zanaflex |
| Methocarbamol | Robaxin, Robaxin 750 |
| Baclofen | Lioresal, Gablofen |
| Cyclobenzaprine | Flexeril |
| Zolpidem | Ambien |
| Eszopiclone | Lunesta |
| Zaleplon | Sonata |

Use of Prescription Stimulants

Prescription stimulants are commonly prescribed for conditions such as Attention Deficit Hyperactivity Disorder (ADHD). These medicines will be identified by urine drug testing, and you will need to verify your prescription during the drug testing process. There is no restriction on their use while at work if accompanied by a valid prescription and used as directed by your health care provider.

If you have questions about any medication use, please email NotifyHealthService@nscorp.com

Frequently Asked Questions About NSHS Medication Guidance

1. **Which NS employees are governed by the medication guidance in the Medication Guidance document?**
This medication guidance applies to all employee in *safety-sensitive positions.
2. **I am prescribed a medication in one of the categories listed on Medication Guidance Document. I meet the NSHS medication guideline. Do I need to contact NSHS for a fitness-for-duty evaluation?** No. You do not need to contact NSHS for a fitness-for-duty evaluation unless you do not meet the medication guidelines and/or you are prescribed a narcotic for treatment of opioid dependence.
3. **I am prescribed a medication in one of the categories listed on Medication Guidance Document. I cannot follow the medication guideline. Will I be removed from work?** Each case is evaluated on an individual basis. A fitness-for-duty assessment will be based on your specific situation. This evaluation typically begins with a request for you to have your health care provider provide NSHS with more information about your medication, medical condition and any recommended work restrictions or accommodations.
 - If you are unable to meet the applicable medication guideline, you may be restricted by an NSHS clinician from performing your safety-related duties pending completion of the fitness-for-duty evaluation.
 - These are guidelines only. It is your responsibility to use good judgment. Do not compromise your safety at work. Do not report to work or remain at work if you feel you are unsafely impaired by your medication.
4. **Does Medication Guidance Document list all prescription medications that may cause unsafe impairment?** No. This form provides you with NSHS prescription medication guidance for two major medication categories. These commonly prescribed medications may cause unsafe impairment at work. This list is not all-inclusive. There are many medication categories and numerous medications not listed that also can cause unsafe impairment. This list is subject to change and will be updated periodically. If the medication label indicates "do not drive or operate heavy machinery" (even if you know how the medication affects you) then it should be considered potentially impairing.
5. **Should I change or stop the prescription medication on my own if I cannot follow NSHS medication guidelines?** No. Always follow the prescription directly as written. Never stop the medication on your own. Never change the dose or frequency of use unless advised to do so by your prescribing health care provider.
6. **Where can I find more guidance about safe use of medication?** Talk to your prescribing health care provider. Ask your pharmacist. Contact NSHS. Educational resources about medication are also available on www.nscorp.com/medical

Medical information is available at www.nscorp.com/medical.

***Safety-sensitive positions** are as described below as well as yardmasters, crew haulers, pilots, and NS police officers, those requiring commercial motor vehicle medical certification, as well as those in physically demanding position if applicable. A safety-sensitive job offer or employee is any agreement or non-agreement person who: (1) is covered under the hours of service laws; or (2) inspects, installs, constructs, repairs, or maintains track, roadbed, bridges and signal and communication systems; or (3) inspects, repairs, or maintains locomotives, passenger cars or freight cars, or other on-track equipment when such equipment is in service that constitutes a train movement; or (4) determines that an on-track roadway maintenance machine or hi-rail vehicle can be used without repair of a non-complying condition; or (5) directly instructs, mentors, inspects, or tests, as a primary duty, any person while that other person is engaged in a safety-related task; or (6) is responsible for conducting periodic tests and inspections of safety-sensitive employees