

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To: Agency(ies) Charge No(s):

FEPA
 EEOC

and EEOC

State or local Agency, if any

Name (indicate Mr., Ms., Mrs.)

Home Phone (incl. Area Code)

Date of Birth

Transportation Communications Union/ IAM

301 840 8776

Street Address

City, State and ZIP Code

3 Research Place, Rockville MD, 20850-3279

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

No. Employees, Members

Phone No. (Include Area Code)

BNSF RAILWAY

500 or More

(800) 795-2673

Street Address

City, State and ZIP Code

2650 Lou Menk Drive, Fort Worth, TX 76131

Name

No. Employees, Members

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).)

RACE COLOR SEX RELIGION NATIONAL ORIGIN
 RETALIATION AGE DISABILITY GENETIC INFORMATION
 OTHER (Specify)

DATE(S) DISCRIMINATION TOOK PLACE
Earliest Latest

01-01-2012 Present

CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

Since on or about January 1, 2012, Respondent has systemically violated the rights of BNSF employees represented by the Transportation Communications Union/ IAM ("TCU/IAM") by implementing Rule 26.3.1, which it amended on March 1, 2012. This medical reporting policy, which applies on a company-wide basis, both facially and as it is being applied, violates Title I of the Americans with Disabilities Act of 1990, as amended, Title II of the Genetic Information Nondiscrimination Act of 2008, and Title VII of the Civil Rights Act of 1964, as amended and potentially other statutes as well.

The new medical reporting policy requires all employees to notify the Respondent of medical conditions and/or events that occur or are diagnosed while the employee is away from work. Employees must report medical events or conditions, even if there is no reasonable basis for believing the condition or event has any impact on the employee's ability to perform his/her job, and even when the employee's own doctor has placed no limitations on the employee's job activities.

(Continued)

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY - When necessary for State and Local Agency Requirements

I declare under penalty of perjury that the above is true and correct.

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)

Date

Charging Party Signature

CHARGE OF DISCRIMINATION

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Charge Presented To: _____ Agency(ies) Charge No(s): _____

FEPA
 EEOC

_____ and EEOC

State or local Agency, if any

THE PARTICULARS ARE *(If additional paper is needed, attach extra sheet(s))*:

The new medical reporting policy also requires these employees to provide the Respondent with highly personal medical information-- including doctor's notes, diagnostic test results and hospital discharge summaries-- that the Respondent has no right to obtain. The medical information that the Respondent's policy requires employees to provide is information likely to reveal a disability and is neither job-related nor consistent with business necessity. Respondent's improper demand for this information also is likely to result in Respondent's obtaining genetic information. It also discriminates against women affected by pregnancy and/or related medical conditions.

Pursuant to Rule 26.3.1, Respondent has required--and continues to require--that employees provide it medical information that Respondent has no statutory right to obtain and that the employees would not share with Respondent absent the policy's requirement. Each day that Respondent's policy remains in effect, more employees face the likelihood of having their statutory rights violated. And once an employee's rights are violated--that is, once Respondent has been notified of the away from work medical condition or event and has obtained the employee's statutorily-protected medical information--there is no way to undo the violation.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY – *When necessary for State and Local Agency Requirements*

I declare under penalty of perjury that the above is true and correct.

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

March 20, 2012



SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)

Date

Charging Party Signature

PRIVACY ACT STATEMENT: Under the Privacy Act of 1974, Pub. Law 93-579, authority to request personal data and its uses are:

1. **FORM NUMBER/TITLE/DATE.** EEOC Form 5, Charge of Discrimination (11/09).
2. **AUTHORITY.** 42 U.S.C. 2000e-5(b), 29 U.S.C. 211, 29 U.S.C. 626, 42 U.S.C. 12117, 42 U.S.C. 2000ff-6.
3. **PRINCIPAL PURPOSES.** The purposes of a charge, taken on this form or otherwise reduced to writing (whether later recorded on this form or not) are, as applicable under the EEOC anti-discrimination statutes (EEOC statutes), to preserve private suit rights under the EEOC statutes, to invoke the EEOC's jurisdiction and, where dual-filing or referral arrangements exist, to begin state or local proceedings.
4. **ROUTINE USES.** This form is used to provide facts that may establish the existence of matters covered by the EEOC statutes (and as applicable, other federal, state or local laws). Information given will be used by staff to guide its mediation and investigation efforts and, as applicable, to determine, conciliate and litigate claims of unlawful discrimination. This form may be presented to or disclosed to other federal, state or local agencies as appropriate or necessary in carrying out EEOC's functions. A copy of this charge will ordinarily be sent to the respondent organization against which the charge is made.
5. **WHETHER DISCLOSURE IS MANDATORY; EFFECT OF NOT GIVING INFORMATION.** Charges must be reduced to writing and should identify the charging and responding parties and the actions or policies complained of. Without a written charge, EEOC will ordinarily not act on the complaint. Charges under Title VII, the ADA or GINA must be sworn to or affirmed (either by using this form or by presenting a notarized statement or unsworn declaration under penalty of perjury); charges under the ADEA should ordinarily be signed. Charges may be clarified or amplified later by amendment. It is not mandatory that this form be used to make a charge.

NOTICE OF RIGHT TO REQUEST SUBSTANTIAL WEIGHT REVIEW

Charges filed at a state or local Fair Employment Practices Agency (FEPA) that dual-files charges with EEOC will ordinarily be handled first by the FEPA. Some charges filed at EEOC may also be first handled by a FEPA under worksharing agreements. You will be told which agency will handle your charge. When the FEPA is the first to handle the charge, it will notify you of its final resolution of the matter. Then, if you wish EEOC to give Substantial Weight Review to the FEPA's final findings, you must ask us in writing to do so within 15 days of your receipt of its findings. Otherwise, we will ordinarily adopt the FEPA's finding and close our file on the charge.

NOTICE OF NON-RETALIATION REQUIREMENTS

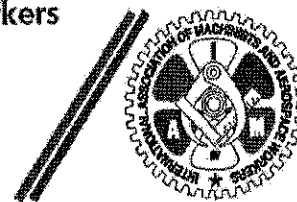
Please **notify** EEOC or the state or local agency where you filed your charge **if retaliation is taken against you or others** who oppose discrimination or cooperate in any investigation or lawsuit concerning this charge. Under Section 704(a) of Title VII, Section 4(d) of the ADEA, Section 503(a) of the ADA and Section 207(f) of GINA, it is unlawful for an *employer* to discriminate against present or former employees or job applicants, for an *employment agency* to discriminate against anyone, or for a *union* to discriminate against its members or membership applicants, because they have opposed any practice made unlawful by the statutes, or because they have made a charge, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing under the laws. The Equal Pay Act has similar provisions and Section 503(b) of the ADA prohibits coercion, intimidation, threats or interference with anyone for exercising or enjoying, or aiding or encouraging others in their exercise or enjoyment of, rights under the Act.

Transportation Communications Union/IAM

International Association of Machinists and Aerospace Workers



Robert A. Scardelletti
National President



March 20, 2012

By Email and First-Class Mail

Ms. Michelle Hogan, Investigator
United States Equal Employment
Opportunity Commission
Towle Building
330 South Second Avenue, Suite 720
Minneapolis, MN 55401-2224
Michelle.Hogan@eeoc.gov

Re: Discrimination Charges Against BNSF Railway

Dear Ms. Hogan:

Since on or about January 1, 2012, Respondent BNSF Railway ("BNSF") has systemically violated the rights of BNSF employees represented by the Transportation Communications Union/IAM by implementing Rule 26.3.1, which it amended on March 1, 2012 (attached).¹ This medical reporting policy, which applies on a company-wide basis, both facially and as it is being applied, violates the Americans with Disabilities Act ("ADA"), the Genetic Information Nondisclosure Act ("GINA"), the Pregnancy Discrimination Act ("PDA") and potentially other statutes as well.

The new medical reporting policy requires all employees to notify BNSF of medical conditions/and or events that occur or are diagnosed while the employee is away from work. Employees must report medical events or conditions, even if there is no reasonable basis for believing the condition or event has any impact on the employee's ability to perform his/her job, and even when the employee's own doctor has placed no limitations on the employee's job activities.

¹ BNSF is a railroad company, which employs over 40,000 employees and operates in 28 different states, including Minnesota. Its Corporate Headquarters is 2650 Lou Menk Drive, Fort Worth, TX 76131-2830 and its phone number is (800) 795-2673.

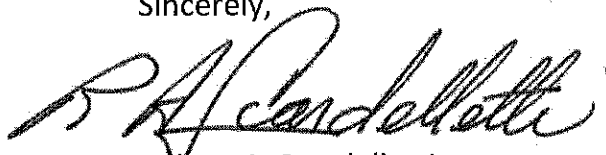


The new medical reporting policy also requires these employees to provide BNSF with highly personal medical information -- including doctor's notes, diagnostic test results and hospital discharge summaries -- that BNSF has no right to obtain. The medical information, that the BNSF's policy requires employees to provide, is information likely to reveal a disability and is neither job-related nor consistent with business necessity. BNSF's improper demand for this information also is likely to result in BNSF's obtaining genetic information. It also discriminates against women affected by pregnancy and/or related medical conditions.

Pursuant to Rule 26.3.1, BNSF has required -- and continues to require -- that employees provide it medical information that BNSF has no statutory right to obtain and that the employees would not share with BNSF absent the policy's requirement. Each day that BNSF's policy remains in effect, more employees face the likelihood of having their statutory rights violated. And once an employee's rights are violated -- that is, once BNSF has been notified of the away-from-work medical condition or event and has obtained the employee's statutorily-protected medical information -- there is no way to undo the violation.

Based on the foregoing, the undersigned respectfully requests that the EEOC conduct a full investigation and issue a cause finding.

Sincerely,

A handwritten signature in black ink, appearing to read "R. A. Scardelletti". The signature is fluid and cursive, with a prominent initial "R" and "A".

Robert A. Scardelletti
National President



Rules Change Briefing

S-26.3.1 Medical Requirements

Effective January 1, 2012, S-26.3.1 Medical Requirements is added to Employee Safety Rules, Mechanical Safety Rules, Maintenance of Way Safety Rules and TY&E Safety Rules.

Criteria for Medical and Environmental Health Department review applies to all time away from work categories (examples include vacation, personal leave, etc.).

S-26.3.1 communicates the requirements for employees experiencing a medical event or an initial diagnosis of a covered medical condition.

S-26.3.1 Medical Requirements

Employees meeting any of the following criteria must be reviewed for "fitness for duty" by the Medical and Environmental Health (MEH) Department before remaining at or returning to work. This applies to certain medical events / procedures that occur during any category of time-off away from work.

1. A new diagnosis of:
 - Diabetes with Insulin Injection
 - Bone fracture
 - Heart disease or any heart surgery or procedure
 - Seizure
 - Stroke / TIA (transient ischemic attack)
 - Sleep apnea / sleep disorder
2. Any of the following medical events:
 - Hospitalization
 - Loss of consciousness
 - Surgery (in-patient or out-patient)
 - Severe, uncorrectable loss of hearing or vision
 - Medical treatment for condition affecting equilibrium or balance
 - Medically required absence greater than 30 calendar days
 - Work restriction prescribed by Physician or other Medical Service Provider (MSP)
 - Condition deemed necessary by MEH Department or their designee

Employees must submit a Medical Status Form (MSF) as well as the following clinical information (if appropriate to medical condition), by fax as listed on the form:

- Operative reports
- Applicable office notes
- Diagnostic test results
- Hospital discharge summary

Exceptions:

1. These medical requirements do not apply to employees for on-duty injuries. Employees with on-duty injuries will be contacted by a MEH Department professional and return to work / stay at work service will be discussed.

2. These medical requirements do not apply to employees who are voluntarily working with the BNSF Employee Assistance Program (EAP) for behavioral health and/or substance abuse conditions. The EAP Manager will manage the return to work / stay at work process.

Employees may obtain a MSF from their supervisor, Field MEH Manager, Director of Administration or designated Leave Administrator. Employees must complete section I. and ensure that Physician or other MSP completes section II. of the form. The completed form must be sent directly to the fax number located at the top and bottom of the form. Do not send this form to the BNSF Leave Administrator.

MSF may also be obtained on the BNSF Intranet Site under Departments, Medical, MEH Programs and then select "Return to Work (RTW)".

Incomplete and/or illegible forms or documents may cause delays in determining "Fitness for duty".

Frequently Asked Questions:

1. Why is this "fitness for duty" return to service rule being added to the safety rules?

This rule provides a process for employees to return to work after experiencing a medical event or an initial diagnosis of a covered medical condition and assists in providing a safe work environment for all employees.

2. Will I be withheld from service if I experience one of these medical events?

If you are currently providing service and experience one of the medical events listed you may be withheld from service until the necessary information is received to determine your ability to safely perform the duties of your job.

3. If I am off on a medical leave of absence (MLOA) will I be withheld from service if I have experienced one of the medical events listed?

If you are on a MLOA as a result of one of these medical events or diagnoses you will be required to comply with this rule before you can return to work. Your return to work will be expedited if you bring a copy of the Medical Status form with instructions to your last doctor's appointment.

4. I have diabetes and have good control of my condition. Do I need to comply with this process today?

No, as long as your condition remains in good control. Note, Federal Requirements for diabetics who hold CDLs are more restrictive. Please contact the medical department for more information.

5. I have a heart condition, however, 2 years ago I was returned to work with restrictions by the Medical Department. Do I need to comply with this process today?

No, your ability to safely perform the duties of your job has already been determined.

6. My hearing loss has been corrected by hearing aids. Do I need to follow this process?

No, this process is to assist in providing a safe work environment for all employees and if you have corrected vision and/or hearing that allows you to safely perform the duties of your job, you are not required to report.

For any questions regarding this Safety Rule, please contact Carol Wilks, RN, COHN in the Medical Department at 817-352-1618 or by email: carol.wilkes@bnsf.com.

PLEASE NOTE THAT ALL RULES AND POLICIES THAT ARE IN EFFECT AT THE DATE OF THE ISSUANCE OF THIS SAFETY BRIEFING ARE SUBJECT TO CHANGE. PLEASE CONTACT SAFETY/RULES TO DETERMINE VALIDITY BEFORE YOU USE THE INFORMATION IN THIS BRIEFING AT A LATER DATE.

REMEMBER -- All BNSF employees are empowered to work safely. If you think a condition is unsafe, protect it, report it, assist in correcting it, or use your expertise to provide a better and safer way.

BNSF Safety Vision
We believe every accident or injury is preventable. Our vision is that BNSF will operate free of accidents and injuries.

S-26.3.1 Medical Requirements

Effective March 1, 2012, S-26.3.1 Medical Requirements is modified to clarify which medical events must be reviewed for "fitness of duty" by the Medical and Environmental Health Department as part of the return to work process. The last bullet item under No. 2 has been deleted. The accompanying rules briefing has also been revised to include an expanded Q&A that clarifies expectations.

S-26.3.1 was added to Employee Safety Rules, Mechanical Safety Rules, Maintenance of Way Safety Rules and TY&E Safety Rules on January 1, 2012. Criteria for Medical and Environmental Health Department review applies to all time away from work categories (examples include vacation, personal leave, etc.).

S-26.3.1 communicates the requirements for employees experiencing a medical event or an initial diagnosis of a covered medical condition.

S-26.3.1 Medical Requirements (effective March 1, 2012)

Employees meeting any of the following criteria must be reviewed for "fitness for duty" by the Medical and Environmental Health (MEH) Department before remaining at or returning to work. This applies to certain medical events / procedures that occur during any category of time-off away from work.

1. A new diagnosis of:

- Diabetes with insulin injection
- Bone fracture
- Heart disease or any heart surgery or procedure
- Seizure
- Stroke / TIA (transient ischemic attack)
- Sleep apnea / sleep disorder

2. Any of the following medical events:

- Hospitalization
- Loss of consciousness
- Surgery (in-patient or out-patient)
- Severe, uncorrectable loss of hearing or vision
- Medical treatment for condition affecting equilibrium or balance
- Medically required absence greater than 30 calendar days
- Work restriction prescribed by Physician or other Medical Service Provider (MSP)
- ~~Condition deemed necessary by MEH Department or their designee.~~

Employees must submit a Medical Status Form (MSF) as well as the following clinical information (if appropriate to medical condition), by fax as listed on the form:

- Operative reports
- Applicable office notes
- Diagnostic test results
- Hospital discharge summary

Exceptions:

1. These medical requirements do not apply to employees for on-duty injuries. Employees with on-duty injuries will be contacted by a MEH Department professional and return to work / stay at work service will be discussed.
2. These medical requirements do not apply to employees who are voluntarily working with the BNSF Employee Assistance Program (EAP) for behavioral health and/or substance abuse conditions. The EAP Manager will manage the return to work / stay at work process.

Employees may obtain an MSF from their supervisor, Field MEH Manager, Director of Administration or designated Leave Administrator. Employees must complete section I. and ensure that Physician or other MSP completes section II. of the form. The completed form must be sent directly to the fax number located at the top and bottom of the form. Do not send this form to the BNSF Leave Administrator.

MSF may also be obtained on the BNSF Intranet Site under Departments, Medical, MEH Programs and then select "Return to Work (RTW)."

Incomplete and/or illegible forms or documents may cause delays in determining "fitness for duty."

Frequently Asked Questions:

1. **Why is this "fitness for duty" return to service rule being added to the safety rules?**
This rule provides a process for employees to return to work after experiencing a medical event or an initial diagnosis of a covered medical condition and assists in providing a safe work environment for all employees.

BNSF has always had safety rules and practices designed to verify fitness for duty, ensuring employees are not at risk on the job due to serious medical conditions or events. This rule is designed to improve the consistency of the approach and to outline a clear process that applies to all employees.

The rule changes are implemented, in part, because some employees have, in the past, been found to have serious medical conditions that impacted their safety that had not been reported or reviewed under the return to work process. These employees, and also potentially their co-workers and the general public, were at risk.
2. **What has changed with the rule?**
Two main changes are reflected in the rule:
 - While a fitness for duty review has consistently been required following a medical leave of absence or short-term disability, the rule now makes it clear that the return to work process also applies to certain medical events or diagnoses that arise during vacation or personal leave time or other time away from work.
 - To expedite review of applicable medical conditions, the rule outlines that employees should obtain a Medical Status Form and work with their physician to complete the form. Employees may then fax the form along with additional clinical information (such as operative reports, office notes, test results or hospital discharge summary, if appropriate to medical condition) to 866-280-8574.
3. **Will I be withheld from service if I experience one of these medical events?**
If you are currently providing service and experience one of the medical events listed you may be withheld from service until the necessary information is received to determine your ability to safely perform the duties of your job.
4. **Does this rule apply to all BNSF employees, including those that work in offices?**

Yes, it does apply to all employees, with a primary focus on employees who directly affect the movement of trains, engines and equipment as well as those who work on or around BNSF track and equipment.

An important point for all employees to recognize, however, is that a return to work process applies even if the incident occurs while on vacation or on another type of time off. Even if the employee did not need to take a medical leave of absence or short-term disability, the medical condition or diagnosis may still need to be reported.

5. Will the rule result in more employees being disqualified?

Although the rule does include more instances where fitness for duty processes apply, the focus is on ensuring the return to work process is used consistently, not on disqualifying employees from their current positions. We do not anticipate that the number of employees who are medically unable to return to work, at least for a time, will be significantly greater than in past years. The purpose is to identify the cases where the safety of the employee or his/her co-workers may be in jeopardy due to a medical condition.

6. How long does it take to complete the review process under the return to work requirements?

BNSF's Medical team is committed to promptly completing the review of medical information to enable qualified employees to return to work. Please note, however, that incomplete and/or illegible forms or documents may cause delays in determining fitness for duty.

7. The rule includes examples of medical conditions that seem to be less serious, including outpatient surgery or a sleep disorder. How do I know when to report a condition?

In some cases, even seemingly less serious medical conditions can have implications for safety at work. For instance, outpatient foot surgery may impact an employee's ability to wear safety shoes required for the job. Certain medications, even over-the-counter medicines, may impact an employee's alertness and safety while operating equipment. The guidance provided in the rule is broad to raise awareness of the fact that a number of medical conditions can have safety implications.

In the case of outpatient surgery, for instance, employees need to submit the condition for review only if the effects of the procedure, the condition, medication or other follow-up treatment may impact their ability to safely perform their duties.

8. If I am off on a medical leave of absence (MLOA) and I have experienced one of the medical events listed, will I be withheld from service?

If you are on an MLOA as a result of one of these medical events or diagnoses, you will be required to comply with this rule before you can return to work. Your return to work will be expedited if you bring a copy of the Medical Status form with instructions to your last doctor's appointment.

9. I have diabetes and have good control of my condition. Do I need to comply with this process today?

No, as long as your condition remains in good control. Note federal requirements for diabetics who hold a commercial driver's license (CDL) are more restrictive. Please contact the medical department for more information.

10. I have a heart condition; however, two years ago I was returned to work with restrictions by the Medical Department. Do I need to comply with this process today?

No, your ability to safely perform the duties of your job has already been determined.

11. My hearing loss has been corrected by hearing aids. Do I need to follow this process?

No, this process is to assist in providing a safe work environment for all employees and if you have corrected vision and/or hearing that allows you to safely perform the duties of your job, you are not required to report.

12. If an employee is uncertain about whether or not to use the process for a medical condition, should he/she talk it over with a supervisor?

No, the privacy of the employee's medical information is very important. The employee should contact the Medical Department if in doubt.

For any questions regarding this Safety Rule, please contact Carol Wilks, RN, COHN in the Medical Department at 817-352-1618 or by email: carol.wilkes@bnsf.com.

PLEASE NOTE THAT ALL RULES AND POLICIES THAT ARE IN EFFECT AT THE DATE OF THE ISSUANCE OF THIS SAFETY BRIEFING ARE SUBJECT TO CHANGE. PLEASE CONTACT SAFETY/RULES TO DETERMINE VALIDITY BEFORE YOU USE THE INFORMATION IN THIS BRIEFING AT A LATER DATE.

REMEMBER -- All BNSF employees are empowered to work safely. If you think a condition is unsafe, protect it, report it, assist in correcting it, or use your expertise to provide a better and safer way.

BNSF Safety Vision

We believe every accident or injury is preventable. Our vision is that BNSF will operate free of accidents and injuries.



MEDICAL STATUS FORM INSTRUCTIONS

Employees meeting any of the following criteria must be reviewed for "fitness for duty" by the Medical and Environmental Health Department (MEH) before remaining at or returning to work. This applies to certain medical events/procedures which occur during any category of time-off away from work.

1) A new diagnosis of:

- Diabetes with insulin injection
- Bone Fracture
- Heart disease or any heart surgery or procedure
- Seizure
- Stroke/TIA (transient ischemic attack)
- Sleep Apnea/sleep disorder

2) Any of the following medical events:

- Hospitalization
- Loss of consciousness
- Surgery (in-patient or out-patient)
- Severe uncorrectable loss of hearing or vision
- Medical treatment for condition effecting equilibrium or balance
- Absence greater than 30 calendar days
- Work restrictions prescribed by a physician or other Medical Service Provider (MSP)
- Condition deemed necessary by MEH Department or their designees

To initiate the fitness for duty process instructions:

- Prior to your last Health Care 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:
 - o Going to this link: [HTTP://bnsfweb.bnsf.com/departments/hr/medical/pdf/RTW.pdf](http://bnsfweb.bnsf.com/departments/hr/medical/pdf/RTW.pdf)
 - o BNSF intranet site: select the 'Departments' tab, then 'Medical', in the 'Forms' channel, click on 'Return to Work'
- Complete Section 1 of the Medical Status Form and sign.
- Ensure that the Health Care Provider completes Section 2 of the Medical Status Form. For Restricted Duty, an anticipated full duty release date must be included.
- Submit a MSF as well as the following clinical information (if appropriate to medical condition):
 - o Diagnostic test results
 - o Physical Therapy discharge note
 - o Lab work
 - o Operative report
 - o Last 2 office notes
 - o Hospital discharge summary
- Fax (or the Health Care 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 MAY CAUSE DELAY.

This information below 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 acquiring 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 to 1-866-280-8574

Questions? Please call the BNSF Off-Duty Department at 1-855-781-3058



SECTION 1 - EMPLOYEE (all items must be completed)

Name:		Employee ID:		Date of Birth:	
Address:		Telephone:		Last Day Worked:	
		Job Title:		Supervisor:	
		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:		Health Care Provider: _____			
		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 - HEALTH CARE PROVIDER (all items must be completed)

Diagnosis:		ICD Codes:	
Current physical exam findings and Response to Treatment:			
Attach applicable medical documents such as the results of any diagnostic tests, physical therapy discharge note, lab work, operative reports, last 2 office notes, and hospital discharge summary to demonstrate fitness for duty			
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			
<input type="checkbox"/> Full Duty (No Restrictions)		Effective Date: _____ → DO NOT circle a restricted activity level below	
<input type="checkbox"/> Restricted Activity (Complete below)		Effective Date: _____	
Anticipated Full Duty Date: _____		or Next Follow-up Date: _____	
Circle applicable activity level N = No activity O = Occasional	Walking on uneven surfaces:	N	O
	Stooping, bending or twisting:	N	O
	Operating vehicles or machinery:	N	O
	Climbing (ladder, scaffold, etc.):	N	O
	Working on unprotected heights:	N	O
	Lifting up to _____ lbs.:	N	O
	Other: _____	N	O
These restrictions are: <input type="checkbox"/> Temporary <input type="checkbox"/> Long-Term → Send 2 most recent office notes and medical documents			
Health Care Provider's Signature: _____		Date Completed: _____	

RTW 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 for BNSF I have **NOT** developed or experienced a new diagnosis of:

- Diabetes with insulin injection
- Bone fracture
- Heart disease or any heart surgery or procedure
- Seizure
- Stroke/TIA (transient ischemic attack)
- Sleep Apnea/sleep disorder

Or any of the following medical events:

- Hospitalization
- Loss of consciousness
- Surgery (in-patient or out-patient)
- Severe uncorrectable loss of hearing or vision
- Medical treatment for conditions effecting equilibrium or balance
- Absence greater than 30 calendar days
- Work restrictions prescribed by a physician or other Medical Service Provider (MSP)
- Condition deemed necessary by MEH Department or their designees

I certify that my response is correct and true.

Employee Signature

Date

Instructions to Employee: Please complete the form and return to your medical leave administrator or your supervisor (generally whoever processed your original leave).

Instructions to Medical Leave Administrator or Supervisor: Upon receipt of this signed form, please fax to Personnel Records at 817-352-0970 and mail the original to Personnel Records, 2400 Western Center Blvd., Ft. Worth, TX 76131