

**Fitness for Duty
Process****I. Scope**

This process applies to all employees of BNSF Railway Company (“BNSF”).

II. Purpose

This process supports BNSF’s Safety Vision by providing a framework for addressing concerns about an employee’s ability to safely perform his or her job duties due to an underlying medical condition or use of medication. Specifically, this process provides requirements for fitness-for-duty reviews conducted by the Medical and Employee Health (MEH) Department.

This process supplements the Environmental, Health & Safety Corporate Policy and the Safety Rules on Medical Conditions and Medical Examinations (Rules S-1.2.11 and S-1.2.12 in the Employee Safety Rules, Maintenance of Way Safety Rules, Mechanical Safety Rules, and TY&E Safety Rules).

III. Process**A. Employee Responsibilities**

1. All employees are responsible to ensure their personal medical condition does not interfere with their ability to safely perform their duties. Employees with medical conditions (such as uncontrolled diabetes, high blood pressure, sleep disorders including apnea, visual impairment, or hearing impairment) that may adversely affect their ability to work safely must inform their medical provider of their job duties. The medical provider must determine that any prescribed treatment including medication will not impair the employee from safely performing their job duties. The employee must notify their medical provider if prescribed treatment and/or medication is affecting their ability to safely perform their job duties.
2. Employees are responsible for promptly cooperating with requests from the MEH Department professionals as part of the fitness-for-duty process. An employee who fails to do so may be removed or withheld from service pending the MEH Department’s fitness-for-duty determination.
3. In accordance with 49 CFR Parts 240 and 242, certified Locomotive Engineers and Conductors, or employees seeking initial certification under those Parts, are responsible for:
 - a. Notifying the [MEH Department](#) if the employee’s best correctable vision or hearing has deteriorated to the extent that the employee no longer meets one or more of the Federal Railroad Administration’s minimum requirements. The employee must provide this notification before any subsequent performance as a Locomotive Engineer or Conductor.
 - b. Notifying the [Certification Department](#) of any conviction or completed state action to cancel, revoke, suspend, or deny a motor vehicle driver’s license for operating a motor vehicle while under the influence of or impaired by alcohol or a controlled substance. The required notification must be made within 48 hours of the conviction or completed state action.

B. Fitness-for-Duty Inquiries and Determinations

1. To assess the employee’s ability to perform job-related functions safely, BNSF’s MEH Department may conduct a fitness-for-duty inquiry and determination. As part of that process, MEH may require an employee to undergo medical examinations and/or provide medical information about his or her fitness for duty.
2. A fitness-for-duty inquiry and determination may be prompted by:
 - a. Any conduct observed by BNSF exempt employees, credible reports by non-exempt employees or others, statements by the employee, or other information provided to MEH indicating that the employee may not be able to perform job-related functions safely as a result of an underlying medical condition or use of medication or other controlled substance;
 - b. The employee’s return from a medical leave of absence for a medical condition that may adversely affect the employee’s ability to work safely in the employee’s position(s) (or any other position(s) being considered as an accommodation for the employee);

- c. The return from a medical leave of absence by an exempt employee who is authorized to carry firearms in the course of his or her duties;
 - d. The employee's return from an absence of 30 days or more;
 - e. Periodic medical exams based on job category or applicable law or regulation (e.g., crane operator exams, commercial driver's license exam, hearing and vision exams under 49 CFR Parts 240 and 242);
 - f. A notification described in Part III(A)(3) above;
 - g. The employee's medical disqualification from driving a commercial motor vehicle under Federal Motor Carrier Safety Administration regulations; and/or
 - h. The employee's transfer into a safety-sensitive position.
3. BNSF's medical doctors and their designees are responsible for making an individualized, independent assessment of an employee's fitness for duty based on their reasonable medical judgment, formal education, training, and knowledge of the railroad working environment and what is required to safely perform certain railroad tasks. The medical information a medical doctor or designee considers as part of his or her individualized assessment will vary depending on the individual case; it may include results of medical tests and examinations, treating physicians' opinions and recommendations, office visit notes, functional capacity evaluations, and/or any other clinically indicated evaluation that may be appropriate to the employee's case.
 4. At BNSF's sole discretion (as limited by any applicable collective bargaining agreement), a fitness-for-duty inquiry and determination may include or result in any of the following actions:
 - a. Clearance to return to work full duty;
 - b. Clearance to return to work with temporary or permanent restrictions on performance of certain job duties or tasks;
 - c. Removal or withholding from service, either pending review or as the result of a determination;
 - d. Temporary or permanent disqualification;
 - e. Periodic follow up after return to work (e.g., follow-up drug or alcohol testing after a leave of absence for treatment for substance abuse); and/or
 - f. Mandatory referral to the appropriate BNSF Field Medical Manager and/or Employee Assistance Manager for evaluation of fitness for duty.

IV. Collective Bargaining Agreement Provisions

Nothing in this process is intended to alter collective bargaining agreements that provide covered employees with a procedure to challenge a fitness-for-duty determination by the MEH Department.

V. Related Policies, Corporate Rules and Resources

[Environmental, Health & Safety Corporate Policy](#)
[Medical Treatment and Injury Reporting Corporate Rule](#)
[Confidentiality of Medical Information and PHI Corporate Policy](#)
[Safety Rules, Timetables, General Orders and Notices](#)

VI. Process History

Effective Date: July 2, 2019

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Employees who have been off work on a Medical Leave of Absence (MLOA) with one of the medical conditions or events listed below must complete the Medical Status Long Form (Long Form) (page 2) and be reviewed for fitness-for-duty by the Medical and Employee Health Department (MEH) before returning to work.

Employees should ask their medical care provider whether the medical condition or event that the basis for their medical leave was may adversely affect their ability to work safely in their position. Examples of medical conditions or events that may adversely affect an employee's ability to work safely in the employee's position and therefore require a fitness-for-duty review 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
- Any event requiring hospitalization overnight or longer
- 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)
- Significant loss or change in 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 you were not out on a MLOA involving one or more of the conditions or medical events listed above, please complete **ONLY** the Medical Status Short Form (Short Form) (page 4).

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 Long 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 & Employee 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 Long Form and sign.
- Ensure that the Physician/Treatment Provider completes Section 2 of the Long Form. For Restricted Duty, an anticipated full duty release date must be included.
- **Obtain any medical documents appropriate to your condition, if required.** Providing the following medical documents related to the medical issue or event described above will expedite the review process (the Physician/Treatment Provider should submit only information related to the specific injury or illness that was the basis for medical leave; any redactions to medical documents must be made by the physician/treatment provider, not the employee):
 - **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 or Emergency Room history and physical, if applicable**
- **Submit the Long Form:** Fax (or the Physician/Treatment Provider may do so) the completed Medical Status Long Form and any 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.

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

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." Rev. 04/20

Medical Status Long Form for Non Work-Related Medical Conditions

Fax completed form and requested documents to 866-280-8574 fax

Questions? Please call 855-781-3058 to speak with the Off-Duty Department



Name: _____		Employee ID: _____		Date of Birth: _____	
Address: _____		Good Contact Phone: _____		Last Day Worked: _____	
		Job Title: _____		Division: _____	
				Supervisor: _____	
				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 for the injury or illness that was the basis for the medical leave of absence:			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 only with respect to this medical condition to the BNSF Medical & Employee Health Department and/or its designees as BNSF determines is necessary to determine my ability to safely perform the functions of my job) (or any other job I am seeking as an accommodation).					
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 or description of medical condition: _____		ICD Codes: _____	
Current Physical Exam Findings and Response to Treatment: _____			
➔ Include a COPY of the following related to the injury or illness that was the basis for the medical leave of absence: results of any diagnostic tests, physical therapy discharge note, operative report, most current office progress notes – (post op note preferred with surgery), & hospital discharge summary to demonstrate fitness for duty (include only information related to the injury or illness that was the basis for medical leave; any redactions to medical documents must be made by the physician/treatment provider, not the employee) **Employee/patient is financially responsible for any cost associated with obtaining this information**			
Current BP (if applicable): _____		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.	
		Distant: OD _____ OS _____ OU _____	
Current Medication's you are prescribing for the injury or illness that was the basis of the medical leave with dosage and frequency		Is the employee's alertness impaired by a medical condition or medications? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain _____	
		Has the employee discussed with you his/her job duties? Yes <input type="checkbox"/> No <input type="checkbox"/>	

***** **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: _____ if unknown: _____ 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 related to this injury or illness only

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

Please note GINA disclaimer on instructions

Rev. 04/20



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

Getting Started

1Q: *I am ready to return to work from a medical leave of absence and have a Medical Status Long Form for Non Work-Related Medical Conditions and a Medical Status Short Form. Which do I complete?*

A: A **Medical Status Long Form** for Non-Work-Related Medical Conditions (**Long Form**) is completed when medical condition(s) may affect your ability to work safely (see the list of examples on page one of the Medical Status Form Packet). A **Medical Status Short Form (Short Form)** is completed if the medical condition or event that was the basis for your medical leave is not listed on the Instructions for Return to Work From Off-Duty Medical Conditions or Events and therefore 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.**

Long Form

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

A: The review process will begin once the Long 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 855-781-3058 or 817-352-1624.

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

A: A delay can be encountered when the applicable medical documents are not submitted with the completed Long Form. See Section 2 of the form. Delays can also be encountered when Section 1 is not fully completed. Please review the Long 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 Long Form?*

A: No. Contact your local supervisor or Leaves Administration 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 Leaves Administration, 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 817-352-1258 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 847-981-0491 for benefits continuation information. (more information follows on page 5 and 6)

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 through BNSF. 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.

FAQ's updated 04/2020

Medical Status Short Form

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

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

acknowledge that I have informed my medical care provider of the duties of my position and my medical care provider has advised me that I can safely return to my regular duties following a medical leave of 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 or event that adversely affects my ability to work safely in the position I seek to return to.

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 817-352-1624.

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 Leaves Administration or your supervisor (generally whomever processed your original leave) and return to work.

Instructions to Supervisor:

Upon receipt of this signed form, please fax to Leaves Administration at 817-867-5759.

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

Rev. 04/20