



FAX COVER SHEET

DATE: _____

FAX TO: Attention: _____
Norfolk Southern Health Services
Fax Number: 470-463-5081
Email: NotifyHealthServices@nscorp.com

SENDER:

Name: _____

Phone Number: _____

_____ Pages (including cover sheet)

RE: Employee Name/Candidate Name: _____

Employee ID/SSN(last four): _____

Phone Number: _____

Email: _____