

## Medical Condition and Medication Information Sheet

Medical conditions (both physical and mental) and medication (prescription and over-the-counter) and dietary supplements may impair your ability to safely perform your job duties. Some medication and/or supplements when taken in combination with each other can cause unexpected side effects that may also impair your safe job performance. Such impairment may include (but is not limited to) the following:

|  |   |
|--|---|
| blurred vision   | fatigue   |
| hearing loss   | muscle weakness and reduced joint motion                    |
| drowsiness, dizziness and lightheadedness              | loss of or abnormal nerve sensation                         |
| fainting or loss of consciousness                      | memory loss and confusion                                   |
| reduced alertness and poor concentration               | seizure   |
| slowed movement, poor coordination and loss of balance | difficulty with processing information and making decisions |

1. **You have responsibilities to help ensure your safety at work with respect to your medical condition(s), medication (prescription and over-the-counter) and any dietary supplement you may be taking. These responsibilities include:**
  - a. Report to work fit to safely perform your duties.
  - b. Stay off work (do not report to work or remain at work) if your ability to safely perform your duties is impaired by your medical condition(s), medication and/or dietary supplement.
  - c. Know and understand the potential adverse effects of any medication and dietary supplement you are taking.
    - i. Read your medication and dietary supplement labels. Be aware of label warnings and comply with any recommendations related to the safe performance of your duties. If the label indicates that use may impair the safe performance of your duties, please appropriately ask your health care provider or pharmacist for guidance.
    - ii. Check available educational resources about medication (please see section 3 for helpful information).
  - d. If you question whether your medical condition *may* impair your ability to work safely, talk to your treating health care provider. Your Norfolk Southern (NS) Medical Department case coordinator (see Appendix B for contact information) is also available to help you.

- e. Provide to the NS Medical Department any medical information requested to enable a determination of your “fitness-for-duty” (your ability to perform safely your essential job functions with respect to your medical condition and any reasonable accommodation). This determination is based on an individualized assessment of your specific situation.
  - f. Perform all work in conformation with any medical restriction that your health care provider and/or the NS Medical Department have imposed on you, as well as any applicable regulatory medical standards.
2. **If you are a safety-related employee<sup>1</sup>, yardmaster, crew hauler or NS police officer, your responsibilities also include the following:**
- a. Notify your treating healthcare provider(s) about the full scope of your duties.
  - b. Notify at least one of your healthcare provider(s) of all your medication (prescription and over-the-counter) and dietary supplements taken to help ensure that your use is consistent with the safe performance of your duties.
  - c. If you have a “**reportable**” **medical condition or event** (see Appendix A), promptly notify your NS Medical Department case coordinator. Please see Appendix B for information about how to notify the Medical Department.
    - i. The list in Appendix A focuses on *some medical conditions and events that may impair your mental functioning and result in sudden impairment*. This list is not “all-inclusive” and serves as a starting point to guide you.
    - ii. If you question whether you have been diagnosed with a medical condition or had a medical event listed in Appendix A, *please provide the list to your treating health care provider, and ask him/her for help*.
3. **Educational material about medication is available** to help you: actively manage the benefits and risks of your medication; read a drug label; talk with a pharmacist; select the right over-the-counter medication for you; understand drug interactions and drive safely if you are taking medication. These resources are located on the **ERC** (Go to the ERC, click on **Employee Self-Service**, then, click on **Medical Information** and look under **Educational Medical Resources** in the yellow window), and at [www.nscorp.com](http://www.nscorp.com) (Go to nscorp.com, click on **Employees**, then, on a box labeled **Medical** and look under **Educational Medical Resources**).

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<sup>1</sup> **Safety-related employee** - any agreement or non-agreement employee who: is covered under the hours of service laws; inspects, installs, constructs, repairs, or maintains track, roadbed, bridges and signal and communication systems; 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; determines that an on-track roadway maintenance machine or hi-rail vehicle may be used without repair of a non-complying condition; directly instructs, mentors, inspects, or tests, as a primary duty, any person while that other person is engaged in a safety-related task; or is responsible for conducting periodic tests and inspections of safety-related employees.

## **Appendix A: "Reportable" Medical Conditions and Events**

**(For safety-related employees, yardmasters, crew haulers and NS police officers.)**

***Remember, your medical information is confidential. When the NS Medical Department requests your medical information for a fitness-for-duty determination, you should not reveal your medical information to any NS employee except Medical Department personnel.***

### **"REPORTABLE" MEDICAL CONDITIONS AND EVENTS**

This list highlights *some medical conditions and events that may impair your mental functioning and result in sudden impairment*. If you question whether you have been diagnosed with a medical condition or had a medical event listed below, please provide this list to your treating health care provider and ask him/her for help.

This list is not "all-inclusive. If you have questions or concerns about your medical condition/event and safe work performance, talk to your health care provider. Your NS Medical Department case coordinator (please see Appendix B for contact information) is also available to help you.

**A new diagnosis or change in a prior stable, medical condition, and/or a recent (e.g., within the prior 6 months) medical event for one of the following:**

#### **New diagnosis or change in prior stable, medical condition:**

- Cardiac (heart) or cardiovascular condition:
  - Angina (heart-related chest pain or discomfort)
  - Heart attack
  - Cardiac arrest (heart suddenly stops beating) requiring cardio-pulmonary resuscitation (CPR) or use of a defibrillator
  - Serious Cardiac Arrhythmia (abnormal heart rate or rhythm) requiring medical treatment
  - Severe Hypertrophic or Dilated Cardiomyopathy (enlarged heart or heart failure)
  - Severe Aortic Valve Stenosis (heart valve problem)
- Neurologic (brain, spinal cord and nerves) condition:
  - Bleeding inside the skull (intracranial) or bleeding inside the brain (intracerebral)
  - Stroke or Transient Ischemic Attack
  - Seizure Disorder, such as Epilepsy, Complex Partial Seizure Disorder or Simple Partial Seizure Disorder

#### **Recent (e.g., within the prior 6 months) medical event:**

- Seizure of any kind
- Loss of consciousness or fainting (syncope) episode that is:
  - due to a cardiac (heart), cardiovascular or neurological (brain and nerves) condition, or
  - recurrent (occurring two or more times) in the prior six months
- Severe hypoglycemic event (low blood sugar event requiring the assistance of another person and/or causing confusion, loss of consciousness or seizure)

**Appendix B: How to notify the NS Medical Department about your “reportable” medical condition or event**

(For safety-related employees, yardmasters, crew haulers and NS police officers).

***Remember, your medical information is confidential. When the NS Medical Department requests your medical information for a fitness-for-duty determination, you should not reveal your medical information to any NS employee except Medical Department personnel.***

1. The best way to notify the NS Medical Department is to contact directly your assigned case coordinator. Please provide your case coordinator with your full name and employee identification number. Please describe your “reportable” medical condition and/or medical event (including the date of your diagnosis, date your condition changed or date you experienced the medical event).

| First letters of employee’s last name | Your Assigned Case Coordinator |              |
|---------------------------------------|--------------------------------|--------------|
|                                       | PHONE                          | FAX          |
| A – Cr                                | 757-629-2448                   | 757-668-1368 |
| Cs – He                               | 757-629-2055                   | 757-823-5771 |
| Hf – Me                               | 757-629-2439                   | 757-823-5994 |
| Mf – Sg                               | 757-664-5005                   | 757-668-1369 |
| Sh – Z                                | 757-629-2438                   | 757-823-5772 |

2. You can also use the **Medical Condition and Medical Event Reporting Form** to notify the NS Medical Department. In order to expedite the fitness-for-duty review, the Medical Department prefers this format, but will accept the information in other formats.

a. The form is located:

- on the **ERC**. Go to the ERC, click on **Employee Self-Service**, then on **Medical Information**. Look under **Forms** in the yellow window, and click on **Medical Condition and Medical Event Reporting Form**.
- on the main **www.nscorp.com** website. Go to nscorp.com, click on **Employees**, then, on a box labeled **Medical**. Look under **Forms** and click on **Medical Condition and Medical Event Reporting Form**.

b. Please complete and fax the form *directly to your assigned case coordinator*, or email the form to the NS Medical Department email box for employees: **medicalrecords@nscorp.com**.