

## **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 an employee is released to return to work following treatment for a significant illness or injury requiring hospitalization or surgical intervention, any medical condition that may impact an employee's performance or safety on the job or following any medical absence of 7 days or more. The 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 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: Notifyhealthservices+RTW@nscorp.com
2. Fax according to your last name to:
  - a. A-G send to 470-463-5028
  - b. H-N send to 470-463-5029
  - c. O-Z send to 470-463-5019

### **Contact information:**

If you have questions about the Attending Physician's Return to Work Report, you can email Notifyhealthservices@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 stresstest 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 following treatment for: a significant illness or injury requiring hospitalization or surgical intervention, any medical condition that may impact an employee's performance or safety on the job, or following any medical absence of 7 days or more. Failure to attach all applicable documentation requested on page 1 of this form will delay your return to 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	I.D. Number	Occupation/Craft	
Supervisor Name		Supervisor Phone Number	
Department		Work Location	

Last Date Worked: \_\_\_\_\_

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

Employee consents to receive information pertaining to the status of their case via text message  
(Message and Data rates may apply depending on mobile carrier):      **Yes   No**

The above employee has reported that he has been under your professional care. To enable me to give consideration to 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. Please contact my office if any clarification regarding job duties or further discussion is desired.

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 me at the email or fax number shown above.** All information will be treated confidentially. Thank you.

Natalie P. Hartenbaum M.D., MPH, FACOEM  
 Chief Medical Officer

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



# Medication Guidance by Category

RX Med Form  
03/2021

## Safety-related employees, yardmasters or crew haulers

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.

### Prescription Medication Category / NSHS Guidance

**If you are prescribed a Narcotic for treatment of opioid dependence, promptly contact NSHS for a fitness-for-duty evaluation.**

Examples of narcotics used to treat opioid dependence include: Suboxone, Subutex (Buprenorphine), Naltrexone, Methadone.

**If you are prescribed a Narcotic (for other than treatment of opioid dependence) or a Benzodiazepine, NSHS medication guideline prohibits use of the medication while at work and for a minimum number of hours prior to reporting for work. That minimum time period is equivalent to the dosing interval as written on the prescription label.**

**If you cannot meet this guideline, promptly contact NSHS for a fitness-for-duty evaluation.**

**Narcotics (opioids/opiates)** are commonly used to treat acute and chronic pain. Other uses include cough suppression, and treatment of opioid dependence. Side effects can include drowsiness, lightheadedness and dizziness.

Examples of narcotics – Generic name (brand name): Codeine (Tylenol #3; many brand names for cough suppressants), Hydrocodone (Lortab, Norco, Vicodin, Vicoprofen, many brand names for cough suppressants), Fentanyl Transdermal System (Duragesic), Hydromorphone (Dilaudid), Meperidine (Demerol), Morphine (Avinza, Kadian), Oxycodone (OxyContin, Percocet), Oxymorphone (Opana).

**Benzodiazepines** are commonly used to treat anxiety. Other uses include treatment of insomnia, panic disorder and seizure disorder. Side effects may include drowsiness, dizziness and decreased alertness.

Examples of benzodiazepines – Generic name (brand name): Alprazolam (Xanax), Chlordiazepoxide (Librium), Clonazepam (Klonopin), Diazepam (Valium), Lorazepam (Ativan).

This form is a supplement to the **NSHS Medical Condition and Medication Guidance**, which is available on the medical information page on the ERC, as well as [www.nscorp.com/medical](http://www.nscorp.com/medical).

If you have questions or concerns, please contact your NSHS Clinician or call NSHS at 800-552-2306. For answers to frequently asked questions, refer to page 2.



## Frequently Asked Questions About NSHS Medication Guidance

RX Med Form  
03/2021

- 1. Which employees are governed by the medication guidance in the RX Med form?** This medication guidance applies to safety-related employees\*, yardmasters and crew haulers.
- 2. I am prescribed a medication in one of the categories listed on RX Med form. 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 RX Med form. 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. What is the dosing interval referred to in the medication guidelines?** The dosing interval refers to either the minimum time that your health care provider prescribed for you to wait between taking doses of the medication. For example, if your medication is prescribed for use every 4 to 6 hours, the minimum dosing interval is 4 hours.
- 5. Does RX Med form list all of the prescription medication 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.
- 6. 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.*
- 7. 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 the ERC and [www.nscorp.com/medical](http://www.nscorp.com/medical).
- 8. Where can I find my NSHS Clinician's direct contact information?** It is listed in the **Health Services Personnel Phone Directory** available on the ERC and [www.nscorp.com/medical](http://www.nscorp.com/medical).

Medical information is available at [www.nscorp.com/medical](http://www.nscorp.com/medical). It is also available on the ERC. Go to the ERC, click on Employee Self-Service. Then, click on Medical Information.

\* **A safety-related employee** is any agreement or non-agreement employee 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-related employees.