

Medical Condition and Medication Guidance

Medical conditions, medication and dietary supplements may impair your ability to safely perform your job duties. Some medications and supplements – taken alone or in combination – can cause serious side effects that may impair your safe job performance. These medications include both prescription and non-prescription drugs.

This guidance describes what you must do if or when you have a medical condition or are taking medication or dietary supplements.

1. **You have responsibilities to help ensure your safety at work with respect to your medical conditions and your use of prescription and over-the counter medications, and dietary supplements. These responsibilities include:**
 - a. Staying off work (do not report to work or remain at work) if your ability to safely perform your duties is compromised by your medical condition, medication and/or dietary supplement.
 - b. Knowing and understanding the potential adverse effects of any medication and dietary supplement you are taking.
 - i. Read the medication and dietary supplement labels. Pay particular attention to label warnings that indicate use may compromise the safe performance of your duties – such as “may cause drowsiness” or “do not take this medication while driving a vehicle or operating heavy equipment”.
 - ii. Comply with label recommendations if the over-the-counter (OTC) medication or dietary supplement label indicates that use may compromise the safe performance of your duties.
 - iii. If prescribed a medication, talk to your prescribing health care provider about potential side effects from the drug (when taken alone or in combination with other medication or dietary supplement) that may compromise your ability to work safely.
 - c. Talking to your treating healthcare provider if you question whether your medical condition may compromise your ability to work safely.
 - d. Providing to the Conrail Medical Department (CMD) medical information requested to enable a determination of your fitness-for-duty. A fitness-for-duty evaluation determines your ability to perform safely your essential job functions with respect to your medical condition, medication and any reasonable accommodation. This includes your disclosure of medical conditions and medications during periodic medical evaluations required either by the company or by Federal regulation. A fitness-for-duty determination is based upon an individualized assessment of your specific situation.

- e. Complying with any work restriction(s) that your health care provider and/or the CMD have imposed on you with respect to your medical condition and/or medication, as well as any applicable regulatory medical standards.
2. **If you are a safety-related employee¹ or yardmaster, you also have the responsibility to:**
- a. Notify your treating healthcare provider(s) about the full extent of your duties.
 - b. Notify at least one of your healthcare providers of all your prescription and over-the-counter medication, and dietary supplements to help ensure that your use is consistent with the safe performance of your duties.
 - c. Notify the CMD if you have a **reportable medical condition or medical event** as outlined in Appendix A. Appendix A also includes a reporting form for your use. Appendix B provides CMD contact information.
 - i. The list in Appendix A focuses on *some medical conditions and events that may compromise 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*.
 - d. Follow CMD guidance for prescription medication described in **RX Med Form**. This form is available on the medical information page on the ERC and at conrail.com. For answers to frequently asked questions about CMD medication guidance, please refer to page 2 of the form.
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 conrail.com (Go to conrail.com, look under “Employee Information”).

¹ **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 and yardmasters.)

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

REPORTABLE MEDICAL CONDITIONS AND EVENTS

This list highlights *some medical conditions and events that may compromise your mental functioning and result in sudden, unsafe 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 Conrail 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:
 - occurred two or more times in the prior six months or
 - is due to a cardiac (heart), cardiovascular or neurological (brain and nerves) condition
- Severe hypoglycemic event (low blood sugar event requiring the assistance of another person and/or causing confusion, loss of consciousness or seizure)



Medical Condition and Medical Event Reporting Form

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For safety-related employees and yardmasters – please complete this form and provide the completed form directly to the Conrail Medical Department (CMD).

EMPLOYEE INFORMATION		
Name (Print) Last _____	First _____	Middle Initial _____
Home Address _____	City _____	State _____ Zip _____
Phone No: Work _____	Home _____	Cell _____
Employee ID No. _____	Date of Birth: ____/____/_____	Job title: _____
Employee's preferred method of contact: (check one) _____ Email* _____ Phone _____ Either email or phone		
*If email preferred, employee's email: _____		
SUPERVISOR INFORMATION		
Supervisor's Name _____		Title _____ Department _____
Supervisor's Phone No.: _____		Location (City/State): _____

TO: CMD

SUBJECT: REPORTABLE MEDICAL CONDITION OR MEDICAL EVENT
Please describe your new medical condition (diagnosis), change in your prior stable condition, and/or your recent (e.g., within the prior 6 months) medical event. Please note the date you were diagnosed, date your condition changed and/or date you experienced the medical event.

DATE FORM COMPLETED: _____

The *best* way to send this form is to fax it *directly* to your CMD assigned case coordinator. Your case coordinator's contact information is located in Appendix B of the **Medical Condition and Medication Guidance**. Alternatively, you can email this form to medicalrecords@nscorp.com.

Appendix B: How to notify the CMD about your reportable medical condition or event

(For safety-related employees and yardmasters).

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

1. The best way to notify the CMD 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 CMD. In order to expedite the fitness-for-duty review, the CMD prefers this format, but will accept the information in other formats.

Please complete and fax the form *directly to your assigned case coordinator*, or email the form to the CMD email box for