



FAX COVER SHEET

DATE: _____

FAX TO: Conrail Medical Department

ATTN: _____

Fax Number: _____

Phone Number: _____

Email: _____

FROM: Name: _____

Phone Number: _____

Fax Number: _____

_____ Pages (including cover sheet)

SUBJECT: (Please check all applicable)

OFF-DUTY ILLNESS OR OFF-DUTY INJURY

WORK RELATED ILLNESS OR ON-DUTY INJURY (INCIDENT DATE: _____)

MEDICAL RECORDS

OTHER:

RE: Employee Name: _____

Employee ID #: _____

Job Title: _____

Phone Number: _____

Email: _____

Employee's preferred method of contact: (please check one)

Email

Phone

Either email or phone