



# Medical Condition and Medical Event Reporting Form

**To the employee:**

- Please use guidance provided in the “Medical Condition and Medication Information Sheet” to complete this form. This information sheet is located on the ERC (click on Employee Self Service, then on the Medical Information tab and look under Medical Condition, Medication and Return-to-Work) or the [www.nscorp.com](http://www.nscorp.com) website (click on Employees, then on a box labeled Medical and look under Medical Condition, Medication and Return-to-Work).

**FROM EMPLOYEE:**

Name (Print) Last _____	First _____	Middle Initial _____
Date of Birth _____	Employee ID No. _____	
Department: _____	Supervisor’s name _____	
Job Title _____		
Phone: _____		
Employee’s preferred method of contact: (please check one)		
<input type="checkbox"/> Email*	<input type="checkbox"/> Phone	<input type="checkbox"/> Either email or phone
*If email preferred, employee’s email: _____		

**TO: Norfolk Southern Medical Department**

**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 NS Medical Department assigned case coordinator. Your case coordinator’s contact information is located in Appendix B of the “Medical Condition and Medication Information Sheet”. Alternatively, you can email this form to [medicalrecords@nscorp.com](mailto:medicalrecords@nscorp.com).**