

Medical Status Short Form

(Return to Work for Medical Conditions **NOT** Requiring Medical Fitness-for-Duty Review)

I, _____, BNSF Employee number _____,
(Please print employee name)

acknowledge that I have informed my medical care provider of the duties of my position and my medical care provider has advised me that I can safely return to my regular duties following a medical leave of absence from work since _____ (date last worked). I do not have work place restrictions that prevent me from performing all of my work tasks safely.

I acknowledge that since I last worked at BNSF I have not developed or experienced a medical condition or event that adversely affects my ability to work safely in the position I seek to return to.

I certify that my response is correct and true.

Employee Signature

Date

If you have any questions, you may contact the Off-Duty Department at 817-352-1624.

THIS FORM SHOULD NOT BE SENT TO THE MEDICAL DEPARTMENT

READ INSTRUCTIONS BELOW CAREFULLY

Instructions to Employee:

If you do not meet the criteria for medical review, please complete this form and return to Personnel Records or your supervisor and return to work.

Instructions to Supervisor:

Upon receipt of this signed form, please upload in ESTS. For questions on ESTS, please contact Personnel Records at PersonnelRecords@bnsf.com.

This form will not go to the Medical Department. Once you sign this form, it is sent to Personnel Records and your supervisor will return you to work. You bypass any medical review process by the BNSF Off-Duty Department.

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