

Medical Absenteeism Fax Cover Sheet

Medical information should be submitted to CSX Medical Department for review within three (3) calendar days from the last day of the medical absence. All medical documentation can be sent to a secure CSX Medical Department fax at: **904-516-6050 or via email to Absencemgt@csx.com**

Employee Name (First, Middle Initial, Last): _____

Employee ID Number: _____ Email: _____

Phone: (H) _____ (C) _____

Family Member Name (if applicable): _____

Relationship to Family Member: _____

Employees who choose to submit medical documentation to support their absence for a medical issue should, at a minimum, include the following information from the treating health care provider:

- The employee's full name
- If the absence is for a family member's hospitalization or emergency treatment, the family member's name (first, middle initial, last) and relationship to employee
- Date of onset of injury/illness
- Date(s) of examination/consultation/treatment for the particular illness/injury
- For non-emergency/non-hospitalization medical issues**, sufficient information from the treating healthcare provider to support that the absence is related to a medical issue
- For medical issues involving an emergency/hospitalization for the employee or a family member**, sufficient medical information from the treating healthcare provider to help CSX determine whether such absence should be excused from any point assessment under the CSXT T&E Crew Attendance Point System
- Health care provider's name, address and telephone number (must be on official office letterhead or other printed form containing the same information); and fax number
- Health care provider's signature

***** Employees who choose to submit medical documentation are responsible for ensuring that it contains the above information. Failure to provide complete documentation may result in the accumulation of additional points under the CSXT T&E Crew Attendance Point System. Refer to this policy for further details.**

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.