UNION PACIFIC RAILROAD MEDICAL PROGRESS REPORT

FORM 1 6920
REV. 8/99

TO BE COMPLETED BY EMPLOYEE

EMPLOYEE NAME:	SOCIAL SECURITY NO.:	OCCUPATION:	DATE OF ILLNESS OR INJURY

TO BE COMPLETED BY PHYSICIAN

DATE EMPLOYEE FIRST SEEN:	DATE OF LAST APPOINTMENT	NEXT APPOINTMENT DATE	TODAY'S DATE

1. **Diagnosis** _____

Attach copies of supporting objective medical documentation for items listed below:

☐ DIAGNOSTIC STUDIES _____; ☐ SURGICAL REPORTS: _____; ☐ OFFICE NOTES: _____; ☐ REFERRALS: _____

2. **Prognosis:** ☐ FULL RECOVERY EXPECTED; ☐ PERMANENT LIMITATIONS EXPECTED; ☐ TEMPORARY LIMITATIONS AT THIS TIME; ☐ UNKNOWN AT THIS TIME

3. **Treatment Plan:** (written narrative detailing treatment plan attached) or explain _____

4. **Medications:** **UP Drug and Alcohol Policy:** Employees must not report for duty or be on company property under the influence of, or use while on duty any over-the-counter or prescription drug or medication which may in any way adversely affect their alertness, coordination, reaction, response, or safety. If an employee is in doubt as to whether an over-the-counter or prescription drug may have an adverse effect on alertness, coordination, reaction, response, or safety, the employee should have their treating medical practitioner make a good faith judgement in writing that the use of the substance by the employee at the authorized dosage is consistent with the safe performance of the employee's duties. The treating medical practitioner must make this judgement based on the available medical history. A copy of the documentation must be kept in the employees possession while on duty.

5. **Current Level of Functional Abilities: Please address only those abilities that relate to this injury.**

ABLE TO:		ABLE TO:	OCCASIONALLY	FREQUENTLY	CONTINUOUS
☐ LIFT	UP TO _____ lbs. _____ TIMES PER HOUR	☐ BEND AT THE WAIST	☐	☐	☐
☐ OVERHEAD LIFT	UP TO _____ lbs. _____ TIMES PER HOUR	☐ BEND AT THE KNEES	☐	☐	☐
☐ CARRY	UP TO _____ lbs. _____ TIMES PER HOUR	☐ WALK ON UNEVEN SURFACES	☐	☐	☐
☐ SIT	UP TO _____ HOURS	☐ CLIMB	☐	☐	☐
☐ STAND	UP TO _____ HOURS	☐ OTHER _____	☐	☐	☐

DESCRIBE: _____

OCCASIONALLY = LESS THAN 33% OF THE WORK SHIFT FREQUENTLY = 33% TO 66% OF THE WORK SHIFT CONTINUOUS = MORE THAN 66% OF THE WORK SHIFT

6. **Employability: Union Pacific will match the level of function with the essential functions of the job and make the appropriate employment determination.**

7. **Return to Work** Plan: Union Pacific is committed to returning employees to a safe job and work environment. Transitional work (supervised gradual return to full duty) and other return to work plans are available. These plans are typically offered 2 - 4 weeks prior to full duty. For questions concerning Return to Work or medications please call the employee's supervisor or UPRR Health Services at 1-800-877-0517 option 5 (8:00 am to 5:00 pm., M-F, Central Time).

a. Anticipated Return to Work Date: full duty _____ light duty _____
Date available for duty if limitations above can be accommodated: _____
If not now, why not? _____
May begin on-the-job work hardening/ transitional work: ☐ Yes; ☐ No

b. Anticipated date of Maximum Medical Improvement (MMI): _____

8. **Physician's Comments:** _____

PRINT PHYSICIAN'S NAME	*ADDRESS:*	*TELEPHONE:* *SPECIALITY:*

Approval of request for leave of absence is pending the receipt of this completed information.

This information is confidential and maintained by Union Pacific's Health Services Department.

Physicians Signature: _____ Date: _____