



# FAX COVER SHEET

DATE: \_\_\_\_\_

FAX TO: Norfolk Southern 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 #: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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

\_\_\_\_\_ Email      \_\_\_\_\_ Phone      \_\_\_\_\_ Either email or phone