BNSF RAILWAY   **Routine/Preventive Care Appointment Validation Form**

COMPLETE THIS FORM ON THE DAY OF APPOINTMENT (or after but not before)

Employee's First Name: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Employee's Last Name: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Employee's BNSF ID#: _____ _____ _____ _____ _____ _____ _____

I, _____, certify that the person listed above attended a routine
      (physician or provider name)

or preventive care* appointment for themselves on 20_____ _____ / _____ _____ / _____ _____.
                         (appt. date in YY/MM/DD format)

Clinic Name: _____

Clinic Phone Number: _____

Treating Provider Signature: _____ Date: 20_____ _____ / _____ _____ / _____ _____
                                                        (date in YY/MM/DD format)

Printed Name: _____

*Routine or preventive services are services that are not urgent or emergent in nature. They include identifying or evaluating a new condition or illness, routinely monitoring an already known condition, or providing treatment for a condition or illness. Preventive services are typically part of an annual physical exam or periodic well-woman exam. Most common examples include:

- Annual physical exam
- Routine laboratory tests (i.e. cholesterol, glucose, etc.)
- Immunizations
- Colonoscopy/mammogram/PAP
- Prenatal checkups
- Annual dental exam and cleaning

Return to: PCD@bnsf.com or fax 817-352-3310

Note to health-care provider: Please do <u>not</u> provide any information about the employee's medical condition or genetics when completing this form. 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 <u>not</u> provide any genetic information when completing this form. "Genetic information" 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.