

Report of Medical Condition by Employer

Section 1 Instructions

Print all answers in ink or use a typewriter. When entering dates, always use numbers. Also, be sure there is one number in each box. For example, you would enter February 13, 2014, as:

MONTH		DAY		YEAR	
0	2	1	3	1	4

Based on your answer to a question, you may be told to skip to another item number. Follow the instructions that tell you to "Go to" another item. These are designed to save you time and help you move through the report form quickly, filling in only necessary information. **If no "Go to" instructions are given, answer the next item in order. Do not skip any items unless directed to do so.** Please read "Important Notices" on the second page of this report.

Section 2 Identifying information

1	Employee's Social Security Number										
2	Employee's Railroad Retirement Claim Number										
3	Name of Employee's Most Recent Railroad Employer										
4	Employee's Most Recent Railroad Occupation										
5	Employee's Name										
6	Employee's Address										
7	Employee's Daytime Telephone Number	AREA CODE			TELEPHONE NUMBER						

Section 3 Ability to Work Information

8	Enter an "X" in the appropriate box; The employee is presently able to work in his/her last occupation	<input type="checkbox"/> Yes Go to Item 9									
		<input type="checkbox"/> No Go to Item 10									
9	Provide the beginning date that the employee became able to work.	MONTH	DAY	YEAR							
10	Enter an "X" in the appropriate box; The employee will be able to work in his/her last occupation in the future.	<input type="checkbox"/> Yes Go to Item 11									
		<input type="checkbox"/> No Go to Item 12									
11	Provide the date that the employee will become able to work.	MONTH	DAY	YEAR							
12	Enter an "X" in the appropriate box; The employee is presently able to perform some type of work.	<input type="checkbox"/> Yes Go to Item 13									
		<input type="checkbox"/> No Go to Item 14									
13	Provide the beginning date that the employee became able to work.	MONTH	DAY	YEAR	Go to Item 16						
14	Enter an "X" in the appropriate box; The employee will be able to perform some type of work in the future.	<input type="checkbox"/> Yes Go to Item 15									
		<input type="checkbox"/> No Go to Item 17									
15	Provide the date that the employee will be able to perform some type of work.	MONTH	DAY	YEAR	Go to Item 16						

16	Describe the type of work the employee is able to perform.		
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Section 4 Restriction/Disqualification Information

17	Enter an "X" in the appropriate box; The employee has been restricted from work in his/her regular occupation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Go to Item 18 Go to Item 19
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18	Describe why the employee has been restricted from work in his/her regular occupation.		
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19	Enter an "X" in the appropriate box; The employee has been disqualified from his/her regular occupation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Go to Item 20 Go to Item 21
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20	Describe in detail the basis for the employee's disqualification and attach any medical evidence relevant to the disqualification.		
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Section 5 Certification

With the understanding that section 13 of the Railroad Retirement Act (45 U.S.C. 2311) provides that anyone who makes false or fraudulent statements or claims for the purpose of causing an award or payment under the Railroad Retirement Act is subject to a fine of up to \$10,000 or imprisonment of up to one year, or both, I certify that the information I have furnished is correct to the best of my knowledge.

21	Name of Railroad Official						
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22	Title						
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23	A. Street Address						
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23	B. City and State						
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23	C. ZIP Code						
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24	Daytime Telephone Number	AREA CODE	TELEPHONE NUMBER						

25	Signature	Date
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Important Notices

PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES

The information requested on this form is authorized by Section 7 (b) (6) of the Railroad Retirement Act. While you are not required to respond, your cooperation is needed to provide information necessary to complete processing of the named employee's claim.

We estimate this form takes an average of 10 minutes per response to complete, including the time for reviewing the instructions, getting the needed data, and reviewing the completed form. Federal agencies may not conduct or sponsor, and respondents are not required to respond to, a collection of information unless it displays a valid OMB number. If you wish, send comments regarding the accuracy of our estimate or any other aspect of this form, including suggestions for reducing the completion time to: Chief of Information Resources Management, Railroad Retirement Board, 844 North Rush Street, Chicago, IL 60611-2092.

COMPUTER MATCHING AND PRIVACY PROTECTION ACT NOTICE

The Computer Matching and Privacy Protection Act of 1988 (P.L. 100-503) requires the Railroad Retirement Board (RRB) to advise you that information you may have provided may be used, without your consent, in automated matching programs. These matching programs are computer comparisons of RRB records with records kept by other Federal, state, or local governmental agencies. Information from these matching programs can be used to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.