



**INJURY/CONDITION INFORMATION**

35. Describe in detail the injury/condition that this person sustained. Include a discussion of the body parts affected. If this is a recurrence, list date of last occurrence.

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36. Identify all persons and organizations used to evaluate and/or treat condition. (Include facility, provider, and address)

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37. Describe all procedures, medications, therapy, etc., used/recommended for the treatment of condition:

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38. Check any of the following consequences resulting from this injury/condition:

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| <input type="checkbox"/> Death. Date of: _____  | <input type="checkbox"/> Hospitalization for treatment as an inpatient. |
| <input type="checkbox"/> Restriction of work. Reportable days of restricted activity: _____ as of: _____  | <input type="checkbox"/> Multiple treatments or therapy sessions.       |
| <input type="checkbox"/> Occupational illness. Date of initial diagnosis: _____   | <input type="checkbox"/> Loss of consciousness.                         |
| <input type="checkbox"/> Instructions to obtain prescription medication, or receipt of prescription medication.   |   |
| <input type="checkbox"/> Missed a day of work or next shift. Reportable days absent from work: _____ as of: _____   |   |
| <input type="checkbox"/> Significant injury/illness, one meeting specific case criteria, or a covered data case.  |   |
| <input type="checkbox"/> Medical treatment. This includes any medical care or treatment beyond "first aid" that is given, or should have been given, regardless of who provided the treatment. "First Aid" treatment is limited to very simple procedures, e.g., application of a bandaid on minor scratches, cuts, abrasions, etc. |   |
| <input type="checkbox"/> Transfer to another job or termination of employment.  |   |

39. If any of the above consequences occurred, the injury/condition is almost always reportable to FRA on Form FRA F 6180.55a. If you believe this case does not meet the reporting criteria, you must give a brief explanation below of the basis for this decision. Was the case reported? Yes  No

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40. Has this employee been provided an opportunity to review his or her file? Yes  No

41. Preparer's Name	42. Preparer's Title	43. Telephone Number	44. Date initially signed/completed
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**This collection of information is mandatory under 49 CFR 225, and is used by FRA to monitor national rail safety. Public reporting burden is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing databases, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information collected is a matter of public record, and no confidentiality is promised to any respondent. Please note that an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 2130-0500.**