



Routine/Preventive Care Appointment Validation Form

Employee 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 _____.
(appointment date)

Clinic Name: _____

Clinic Phone Number: _____

Treating Provider Signature: _____

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