

18. Drug and Alcohol-Free Workplace Policy and Procedure

APPENDIX B

Medications Disclosure Form for Safety-Sensitive Positions

You are required to disclose information about prescription drugs or over-the-counter medications you are taking which adversely effect, or which may reasonably be expected to adversely effect, your ability to safely and effectively perform your job. This disclosure will be kept confidential and will only be released to others on a need-to-know basis.

Employee Name: _____

Supervisor's Name: _____

Prescribing Physician's Name: _____

Name of Drug: _____

Date of Prescription: _____ Length of Time on Prescription: _____

Over-the-Counter Medication Name: _____

Describe the safety-related side-effects you have been warned about or you have had as a result of using this drug or over-the-counter medication: _____

THIS DOCUMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT