



DISCLOSURE OF CERTAIN PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS FOR EMPLOYEES OCCUPYING SAFETY-SENSITIVE OR SECURITY-SENSITIVE POSITIONS

READ CAREFULLY

Employees who work in security-sensitive or safety sensitive positions are prohibited from taking medication(s) which impair their ability to perform their job duties safely and successfully. You are required to disclose your use of any of the medication(s) listed below, or any other medication(s) that may prevent you from safely performing your job duties (for example, medication(s) which carry warnings regarding driving or operating heavy machinery.) You are required to disclose your use of such medication even if you are taking it by prescription. **These drugs will cause a positive test drug test result.** Failure to disclose your use of such medication is grounds for disciplinary action, up to and including termination of employment.

DO NOT mark or check any individual medication in this table. DO NOT tell anyone which specific medication(s) you are taking, other than the doctor who evaluates you. Instead, circle "YES" below if you are taking any of the following medications.

DRUG FAMILY	REASON FOR PRESCRIPTION	COMMON NAME
Opioids	Pain relief and management	Oxycodone, Hydrocodone, Codeine, Morphine, Percocet, Vicodin, Lortab, OxyContin, Dolophine, MS Contin
Barbiturates	Sleep disorders and seizure control	Nembutal, Pentobarbital, "downers", "reds", "blues", "yellows"
Benzodiazepines	Sleep disorders and anxiety management	Diazepam, Valium, Xanax, Halcion, Ativan, Diastat, Versed, Serax
Stimulants	Attention deficit control	Amphetamine, Adderal, Dexedrine
Antidepressants	Mood disorders, depression, and sleep disorders	Amitriptyline, Limbitol, Pamelor, Nortriptyline, Cymbalta, Abilify

CHECK: YES OR NO:	
Are you currently taking, or have you taken any of the above medication(s) within the past 90 days? YES ____ NO ____	Are you currently taking, or have taken within the past 90 days, any medication(s) not listed above that may prevent you from safely performing your job duties? YES ____ NO ____

I, _____, hereby acknowledge that I have received, read, and truthfully completed the Disclosure or Certain Prescriptions and Over the Counter Medications. I understand that I have an ongoing duty to disclose my use of any medication(s) listed above or any other medication(s) that may prevent me from safely performing my duties. I further acknowledge that any misrepresentation on this form or failure to disclose any future use of such medication is grounds for disciplinary action, up to and including termination of employment.

Employee's Signature

Date