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## Medication Approval Form

### Employee Section:

Printed Name: \_\_\_\_\_

Employee named above: (please check all that apply)

- \_\_\_\_\_ operates a transit bus
- \_\_\_\_\_ control the dispatch or movement of transit buses
- \_\_\_\_\_ maintain or repair buses
- \_\_\_\_\_ supervisor whose duties require the performance of any of the above functions

Prescription/over-the-counter medication currently being taken (if not currently on medication, please note N/A on line):

\_\_\_\_\_

\_\_\_\_\_

I attest that the foregoing information is complete and correct.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

### Physician's Section:

As the attending physician, I have prescribed the following medications. I have advised the employee listed above about the usage of the following prescription/over-the-counter medication:

<u>Medication</u>	<u>Dosage</u>	<u>Date or Duration of Prescription</u>
_____	_____	from _____ to _____
_____	_____	from _____ to _____
_____	_____	from _____ to _____

Over

Please check one of the following

**Employee may not perform safety-sensitive duties while on this medication.**

**Employee released to perform safety-sensitive duties while taking this medication**

\_\_\_\_\_  
Physician's/Pharmacist's Printed Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Physician's/Pharmacist's Signature

\_\_\_\_\_  
Date

PLEASE RETURN FORM TO YOUR SUPERVISOR

For Rainbow Rider use only:

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

1. EMPLOYEE: Complete the "Employee's Section" on the Medication Approval Form and provide the form to your prescribing physician for the completion of the "Physician Section."
2. PHYSICIAN: Please consider the following information and complete the "Physician's Section" of the Medication Approval Form.

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CONSIDERATIONS

The employee should not be released to work unless you are comfortable that, given the safety-sensitive nature of this patient's job duties, the employees medical history, current condition and possible side effects of the prescribed medication(s), it is your professional opinion that the medication(s) will have no adverse influence on the employee's performance of their safety sensitive job duties.

TRANSIT ADMINISTRATION – SAFETY-SENSITIVE EMPLOYEE  
RELEASE TO WORK FORM FOR PRESCRIPTION MEDICATIONS

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