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Rx/Over the Counter Medication Approval Form

Given the safety-sensitive nature of our Transit Employee's job duties, employees should not perform any safety-sensitive while taking medication that has an adverse effect on their performance and safety while performing their duties. This form may be filled out by the prescribing physician or a licensed pharmacist, should the physician not be available.

Employee Section (to be filled out only by employee):

Printed Name: _____

As a safety-sensitive employee, my job functions require me to be fully capable of providing service to the general public by way of the following: (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

Employee lists all current medication being taken, separated by a comma.
 (if not currently on medication, please note N/A on line):

By signing below, I attest that the foregoing information is complete and correct.

Employee Signature _____ Date _____

Physician's/Licensed Pharmacist Section:

As the attending physician/license pharmacist, 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>	<u>(Please Check)</u>
_____	_____	from _____ to _____	or <input type="checkbox"/> No End Date
_____	_____	from _____ to _____	or <input type="checkbox"/> No End Date
_____	_____	from _____ to _____	or <input type="checkbox"/> No End Date

Note to Physician/Pharmacist: 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 health 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.

Please check one of the following

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

- This medication **carries a warning label** that indicates that individuals are advised against driving a motor vehicle or operating machinery while taking the medication.

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

- I am certifying that this medication **does not carry any warning** against driving a motor vehicle or operating machinery while taking the medication, or any other health warning or contraindications that would affect this individual's performance of the safety-sensitive job duties as described above.

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: _____

Received by DER/DAPM Initial: