

FITNESS-FOR-DUTY

Prescription Medication Evaluation Form

Dear Evaluating Physician:

We have referred this employee/applicant to your facility, in order to obtain your professional medical opinion, as it relates to the employee/applicant's ability to safely perform their "**D.O.T. Safety-Sensitive**" Commercial truck driving functions and/or their "**Non-DOT Safety-Related**" motor vehicle operation duties, while actively taking the medications you've prescribed.

EMPLOYER completes this section:

<input type="checkbox"/> Applicant	<input type="checkbox"/> Employee's Name	DOB	SSN/ID #	Completion Deadline
Date of Collection		Specimen ID	Laboratory	Substance(s) Confirmed via GC/MS:
Dr. Jerome Cooper, D.O./MRO Referring MRO, M.D.		760-770-6068 Phone:	FORENSIC DTS, Inc. (760) 770-0806	

Job Description & Functions - Duties Potentially Affected:

D.O.T. Regulated Safety-Sensitive
 Non-D.O.T. Regulated Safety-Related
 Non-DOT Non-Safety/Non-Hazardous

What are the Employee's Specific Duties:

Driving a company vehicle on public roadways and other safety-related duties.

BILLING INFORMATION - PAYMENT: BILL PATIENT/Employee/Applicant
 BILL Employer (See header)
 Other:

PRESCRIBING DOCTOR'S IMPRESSION/DETERMINATION

I am the attending physical, who prescribed the above listed medications to my patient, listed above, in accordance with standard medical practices. Having direct knowledge of my patient's full medical, physical, mental and drug tolerance history while taking these medications I can attest the following.

As a currently licensed medical practitioner, I certify that I have conducted a face to face medical examination, patient interview, discussions about the patient's medical history, current prescriptive substance(s) discovered through the above companies drug prevention program use (shown above) and how continued use may affect their safe job performance and functions (shown above), along with further discussion of the associated risks of continued use of these medication(s) and possible prescriptive alternatives.

Upon my completion of these tasks, it is my professional medical opinion this patient is:

- UNSAFE TO PERFORM** the above listed job functions, while taking the above listed, legally prescribed, medications. Patient was directed to their prescribing Health Care Provider/Primary Care Physician for prescriptive review of possible non-impairing alternatives.
- UNSAFE TO PERFORM** the above listed job functions. Employer should refer to their internal Policy for further guidance.
- UNSAFE TO PERFORM** the above listed job functions. However, the "interactive process" may be explored by the employer, if any type of Non-Safety Related positions are available.
- FIT-FOR-SAFETY SENSITIVE DUTIES**, to include the operation of a fully loaded Commercial Motor Vehicle, Loaded School Bus, City Bus, Airplane, Train, Motor vehicle, motorized equipment or perform other dangerous functions, while CONTINUING THE USE of the above prescribed medications.

Evaluating Doctor's PRINTED NAME

Doctor's CA. Medical Lic #

Evaluation Date

Examining Doctor's Signature

AFFIX DOCTOR'S OFFICE Rubber Stamp Impression above (stamp above)