

MONTGOMERY COUNTY GOVERNMENT

Prescription Drug Notification for CDL Holders & Safety-Sensitive Transit Personnel

Employee: If you are taking a prescription drug or have been prescribed a drug, complete the top portion of this form and submit it to the health care provider who prescribed the drug or to Montgomery County Occupational Medical Services with a copy of the prescription at 27 Courthouse Square, Suite 180, Rockville, MD 20850.

Employee Name: _____ Position: _____

Department: _____ Phone: _____

Supervisor: _____ Phone: _____

Supervisor's Fax: _____

Prescribing Health Care Provider: The above-named Montgomery County Government employee operates, maintains, or dispatches Ride-On buses or other public transit equipment or performs other safety-sensitive work for the County. These positions include bus operators, mechanics for the buses, transit coordinators, truck drivers, equipment operators and others.

Employee Medical Examiner: Please review the information submitted by the employee about the drug that has been prescribed for the employee and indicate below if he/she should be restricted from performing the safety-sensitive duties of his/her position.

To the physician signing below: If you prescribed a drug for the above employee or know that one has been prescribed, please indicate below if he/she should be restricted from performing the safety-sensitive duties of the position. Please indicate the required restrictions below, print and sign your name and enter the date of your signature:

_____ No restrictions.

_____ May perform all job tasks as long as drug is taken at least _____ hours before performing them.

_____ May not drive, maintain, or dispatch a public transit bus.

The drug is expected to be discontinued [enter date] _____.

Comments:

Provider or EME Printed Name: _____

Provider or EME Signature: _____ Date Signed: _____

TO EMPLOYEE: This form must be returned to your supervisor or OMS before returning to safety-sensitive transit duties.