



Over-the-Counter (OTC) Drug Use Form for Safety Sensitive Employees

Instructions: As required by WTA's Drug & Alcohol Program, report any Over-the-Counter medications that may impair your ability to safely perform your job. This includes medications that may cause drowsiness, medications with warnings not to use while driving, and medications with warnings to use with caution while operating machinery.

Complete this form and return it to the Human Resources Department along with a copy of the medication warning label. Human Resources will maintain this form in your confidential medical file.

Employee Name: _____ Job Position: _____

Employee's Safety-Sensitive Job Function – Check those that apply:

- Operate a transit bus in or out of revenue service
- Operate a non-revenue service vehicle requiring a commercial driver's license
- Control the dispatch or movement of transit buses
- Maintain/repair transit buses

Over-the-Counter Medication in use:

<u>Name of Medication</u>	<u>Warning on label</u>	<u>Treatment Start/End Date</u>
_____	_____	_____
_____	_____	_____

Work Restrictions while using this medication: (Use this section for notes, example: only takes medication at night)

- I understand that it is my obligation to inform WTA of any medication I am taking which may cause motor or mental function impairment.
- I have taken this medication away from work and attest that it does not impair my ability to perform any of my safety sensitive job functions.

Employee Signature _____ Date _____

HR REVIEW: _____ / Date _____

HR DB ENTRY: _____ / Date _____