



MEDICATION NOTIFICATION FORM

This form should be completed by all staff that needs to work on site, especially if they are in charge of machinery or driving or if the medication could cause drowsiness.

The form should be forwarded immediately to their Manager who will check with the Rail Administrator about the drugs or medication in use.

If you are subject to D&A testing including random or "for-cause" screening you should always inform the person carrying out the screening. This applies to medication prescribed by a doctor or bought over the counter.

If further guidance is needed then contact an occupational health care provider

NAME:	
EMPLOYEE NUMBER:	
DATE:	
DESCRIPTION OF DRUGS TAKEN INCLUDING DATES, DOSAGE AND REASON FOR USE:	
SIDE EFFECTS OF MEDICATION:	
ASSESSMENT FROM RAIL MANAGER AS TO THE EFFECT MEDICATION MAY HAVE ON THE INDIVIDUALS DUTIES;	
DATE RECEIVED BY MANAGER:	
MANAGERS NAME:	
ACTION REQUIRED IF ANY:	

PLACE ON EMPLOYEE'S PERSONAL FILE