OFFICIAL USE ONLY
When Information Filled in and Submitted to Pantex

NOTIFICATION OF MEDICATION USE

(Reference: WI 02.01.01.01.18)

Name: _____ **Badge #** _____ **Phone:** _____

Job Title: _____ **Dept #** _____

Supervisor Name: _____ **Supervisor's Phone:** _____

As necessary, I approve the release of information listed on this form to the appropriate authorities (examples: DOE, NES) to obtain/maintain my security and access clearances.

Signature: _____ **Date:** _____

LIST ALL Prescribed and Over-The-Counter (OTC) Medicines

INCLUDES: Homeopathic treatments, vitamins & herbs as some have side effects Medical needs to know about

DRUG	DOSAGE How Much & When Taken	DIAGNOSIS Why are you taking this medicine	PRESCRIBED BY Doctor or OTC	DATE FIRST PRESCRIBED

Clinician Signature: ***Date Reviewed:***

OFFICIAL USE ONLY
Contains information which may be exempt from public release under Freedom of Information Act (5 U.S.C. 552), Exemption number(s): 6 Personal Privacy.
Approval by the Department of Energy prior to public release is required.

Reviewed by: Martha W. Chase, B&W Pantex (D0756) Date: 01/22/2010
Guidance (if applicable) N/A

UNCLASSIFIED
When Form is Blank