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| --- | --- | --- | --- | --- | --- |
| **Name:** |  | **Badge #:** |  | **Phone:** |  |
| **Job Title:** |  | | | **Dept. #:** |  |
| **Supervisor’s Name:** |  | | **Supervisor’s Phone:** | |  |

**Human Reliability Program (HRP):** (current employees – only) **YES**  **NO**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee 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 And When Taken** | **Diagnosis**  **Why Are You Taking This Medicine** | **Prescribed By Doctor or OTC** | **Date First Prescribed** |
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| ***Clinician Signature:*** |  | ***Date Reviewed:*** |  |

