



300 Congress Street, Suite 104, Quincy, MA 02169 - P: (617) 773-5169 - F: (617) 774-0336

CONTROLLED SUBSTANCE DISCLOSURE FORM

Any employee in a safety sensitive position is required to advise **Modern Assistance Programs, Inc.** if he/she is taking any medication *e.g.* narcotic pain killers, benzodiazepines etc. (reference CFR Title 21 FDA schedules of controlled substances), prescribed by a health care provider that may impair his/her ability to safely and effectively perform assigned duties. A safety sensitive position is a job or position where the employee holding this position has the responsibility for his/her own safety or other people's safety.

Your patient works in a safety sensitive industry. Many medications can compromise worker safety. In your opinion, is this patient able to work safely in the construction industry while using the prescribed medication?

YES ___ NO ___ Initials _____

Patient Name: _____

Social Security Number: ___ - ___ - ___

List of Prescriptions: _____

Reasons for taking prescription: _____

Length of time and dosage of prescription: _____

Date of most recent prescription: _____

Expected date for finishing prescription: _____

Physician prescribing Medication Name and Address:

MODERN ASSISTANCE
EMPLOYEE ASSISTANCE PROGRAM
EST. 1988

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Physician Signature: _____

Date _____

Please give this form to your physician and return to Modern Assistance Programs promptly in order to have your name added to the drug free pool.