

Employee Disclosure of Drug Use

Print Employee's Name

In accordance with the authority given it by federal CDL regulations at 49 CFR 382.213(d), this employer requires that CDL employees inform the employer of the nature of any therapeutic drug(s) or substance(s) they take. Employees must have their physician complete Section A (Prohibited Drugs), and/or Section B (Will Impair), and/or Section C (Will Not Impair), and/or Section D (None), as appropriate, and Section E before returning completed form to this employer. If employee is not taking any non-Schedule 1 drugs or substances, this form must still be returned to employer with Sections D and E completed.

SECTION A (PROHIBITED DRUGS): CHECK HERE if employee is taking any DEA Schedule 1 drug(s) or substance(s). NOTE: Employers cannot use drivers using Schedule 1 drugs per 49 CFR 382.213(a).

SECTION B (WILL IMPAIR): CHECK HERE if employee is taking any non-Schedule 1 drug(s) or substance(s) which the licensed medical practitioner who is familiar with the driver's medical history has determined will adversely affect the driver's ability to safely operate a vehicle that requires a CDL. NOTE: employers cannot use drivers who use non-Schedule 1 drugs that will adversely affect the driver's ability to safely operate a vehicle that requires a CDL license per 49 CFR 382.213(b).

SECTION C (WILL NOT IMPAIR): CHECK HERE if employee is taking any non-Schedule 1 drug(s) or substance(s) which the licensed medical practitioner who is familiar with the driver's medical history has determined will not adversely affect the driver's ability to safely operate a vehicle that requires a CDL license. NOTE: employers can only use drivers who use non-Schedule 1 drugs that will not adversely affect the driver's ability to safely operate a vehicle that requires a CDL license per 49 CFR 382.213(b).

SECTION D (NONE): CHECK HERE if employee is not taking any non-Schedule 1 drug(s) or substance(s).

SECTION E:

Today's Date

Physician's Signature

Print Physician's Name

Physician's Phone #

Note: A signed copy of this form must be returned to this employer for retention in this employee's file.

Form Drug Use