

# Employee Disclosure of Therapeutic 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 sections A, B, C, and/or D, as applicable, 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 this medical professional knows that this 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).

Indicate time employee taking such medication: Start \_\_\_/\_\_\_/\_\_\_ End \_\_\_/\_\_\_/\_\_\_

**SECTION B (WILL IMPAIR):** CHECK HERE  if this employee is taking any non-Schedule 1 drug(s) or substance(s) which a prescribing 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).

Indicate time employee taking such medication: Start \_\_\_/\_\_\_/\_\_\_ End \_\_\_/\_\_\_/\_\_\_

**SECTION C (WILL NOT IMPAIR):** CHECK HERE  if employee is taking any non-Schedule 1 drug(s) or substance(s) which a prescribing 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 this medical professional knows the 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.*