

## MEDICAL USE OF AN IMPAIRING SUBSTANCE REPORT FORM

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Program: \_\_\_\_\_

**SECTION A: To be completed by Loyalist College:**

Is this student in a safety-sensitive program?

No

Yes (if Yes, please identify safety-sensitive tasks below)

Driving a vehicle

Working with high voltage

Driving a forklift

Administering medications

Working from heights

Operating medical equipment

Operating power tools/equipment

Responsible for safety/wellbeing of others

Working with hazardous chemicals

OTHER: Please describe \_\_\_\_\_

**SECTION B: To be completed by Student:**

I hereby authorize my care provider, \_\_\_\_\_, to complete this report and return to AccessAbility Services.

**Student Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

**SECTION C: To be completed by Attending Physician:**

To Whom It May Concern,

The above-named student has advised he/she requires the use of a potentially-impairing substance. In our efforts to make appropriate arrangements that considers the safety of this student and others on the campus, please complete the following information:

1.

What is the substance?	
What is the strength/dosage?	
What is the frequency of use?	
What is the method of administration (i.e. oral, topical, smoked *, or inhalation)? * Please note: Loyalist College will be a smoke-free campus as of January 1, 2019	

