

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[] Working with hazardous chemicals	[] Responsible for safety/wellbeing of others[] OTHER: Please describe
[] WOIKING WITH Hazardous chemicals	[] OTHER. Flease describe
SECTION B: To be completed by Student:	
Lhoroby authorize my care provider	, to complete this report
and return to AccessAbility Services.	, to complete this report
, contract the second s	
Student Signature	Date:
SECTION C: To be completed by Attending Physician:	
To Whom It May Concorn	
To Whom It May Concern,	
The above-named student has advised he/she requ	ires the use of a potentially-impairing substance. In
The above-named student has advised he/she requour efforts to make appropriate arrangements that	considers the safety of this student and others on
The above-named student has advised he/she requ our efforts to make appropriate arrangements that the campus, please complete the following informa	considers the safety of this student and others on
The above-named student has advised he/she requour efforts to make appropriate arrangements that the campus, please complete the following informa 1.	considers the safety of this student and others on
The above-named student has advised he/she requour efforts to make appropriate arrangements that the campus, please complete the following informa 1. What is the substance?	considers the safety of this student and others on
The above-named student has advised he/she requour efforts to make appropriate arrangements that the campus, please complete the following informa 1. What is the substance? What is the strength/dosage?	considers the safety of this student and others on
The above-named student has advised he/she requour efforts to make appropriate arrangements that the campus, please complete the following informa 1. What is the substance?	considers the safety of this student and others on
The above-named student has advised he/she requour efforts to make appropriate arrangements that the campus, please complete the following informa 1. What is the substance? What is the strength/dosage? What is the frequency of use?	considers the safety of this student and others on
The above-named student has advised he/she requour efforts to make appropriate arrangements that the campus, please complete the following informa 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,	considers the safety of this student and others on

Please identify the pote	ential cognitive effects o		
rease racingly the pote		n functional abilities:	
	Low/no impact	Moderate impact	Significant impact
ertness			
rientation			
tention/Concentration			
emory			
_			
tigue			
Tease racinary arry rares		Tor this student.	
Vhat is the anticipated	duration for this medica	ıl arrangement?	
Vhen is your next follow	v-up visit with this patie	nt?	
	tention/Concentration emory dgment ood tigue ychomotor function n your opinion, is this in bove? [] Yes [] n the case of medical c] Yes (if Yes, please a	tention/Concentration emory dgment ood tigue ychomotor function n your opinion, is this individual safe to perform bove? [] Yes [] No n the case of medical cannabis, does the stude] Yes (if Yes, please attach photocopy) [Please identify any further restrictions required	tention/Concentration emory dgment ood tigue ychomotor function n your opinion, is this individual safe to perform the safety-sensitive tasks id

AccessAbility Services, Loyalist College