



APPENDIX A
MEDICAL USE OF AN IMPAIRING
SUBSTANCE REPORT FORM

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

Employee Name: \_\_\_\_\_

SECTION A: To be completed by Loyalist College:

Is this individual in a safety-sensitive position?

[ ] 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 employee:

I hereby authorize my care provider, \_\_\_\_\_, to complete this report and return to Lisa Lynn – Human Resources Services.

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

SECTION C: To be completed by Attending Physician:

As part of our commitment to Health and Wellness, Loyalist College is focused on proactively creating a culture of wellness for the betterment of students, staff and faculty. The above-named individual is seeking special provisions because they recognize that their medication affects their ability to work. Please note that as of January 1, 2019, smoking is prohibited on College property. If medical cannabis is being prescribed, Loyalist College encourages alternative methods of administration.

In our efforts to make appropriate arrangements that considers the safety of this employee and others on the campus, please complete the following information:

