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| **Name:** |       | **Badge #:** |       | **Phone:** |       |
| **Job Title:** |       | **Dept. #:** |       |
| **Supervisor’s Name:** |       | **Supervisor’s Phone:** |       |

**Human Reliability Program (HRP):** (current employees – only) **YES** [ ]  **NO** **[ ]**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Signature:** |       | **Date:** |       |

## LIST ALL Prescribed and Over-The-Counter (OTC) Medicines

### INCLUDES: Homeopathic treatments, vitamins & herbs as some have side effects Medical needs to know about.

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| **Drug** | **Dosage****How Much And When Taken** | **Diagnosis****Why Are You Taking This Medicine** | **Prescribed By Doctor or OTC** | **Date First Prescribed** |
|       |       |       |       |       |
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| ***Clinician Signature:*** |  | ***Date Reviewed:*** |       |

