Notification of Medication Use

(Reference WI 02.01.01.01.18 and WI 02.01.01.01.20)

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 and herbs as some have side effects Medical needs to know about.

Drug	Dosage How Much And When Taken	Diagnosis Why Are You Taking This Medicine	Prescribed By Doctor or OTC	Date First Prescribed

Reviewer Signature: ***Date Reviewed:***

Controlled By: Environment Safety & Health
POC: Alex Saldivar, alex.saldivar@pantex.doe.gov
Pantex eDC/RO ID: 974082
Date Reviewed: 4/15/2026