

## SOP 1121 ATTACHMENT 2 Medical Disclosure Form

### *Prescription Medication Disclosure Statement*

<b>Name of Patient:</b>	<b>Date:</b>
<p>The National Fire Protection Association guidelines list medications for which fire-service employees shall be evaluated for potential interference with essential job tasks. The medications include:</p> <ul style="list-style-type: none"> <li>✓ Full dose anticoagulation</li> <li>✓ Narcotics</li> <li>✓ Sedatives and hypnotics</li> <li>✓ Psychoactive agents</li> <li>✓ Anti-hypertensive agents</li> <li>✓ Others such as MAOIs, phenothiazines, anti-cholinergics and tricyclic antidepressants</li> </ul>	

Your patient is an employee with the Scotts Valley Fire Protection District.

He/she is taking the following medications:

Medication	Dosage	Medication	Dosage

An inherent element of a fire-service job includes functioning as an integral component of a team, where sudden or subtle incapacitation of a member can result in mission failure or increased risk of injury or death to civilians or other team members. In order for us to evaluate the employee's ability to perform the essential job tasks, given the prescription or usage of the above medications, I ask you, as the prescribing physician to review Table 1 and respond to the following;

**"As the prescribing physician, I am familiar with the above employee's medical history and essential functions of his/her assigned duties. In my opinion, the prescribed medication:**

**Will**

**Will not**

**...adversely affect the employee's ability to perform the essential functions of his/her employment".**

Signature: _____	Date: ____/____/____
Please complete and fax this document to (831) 438.0383	
Attn: Fire Chief	Phone: (831) 438.0211