

Utah State Office of Education
Doctor/Driver Prescription Drug Disclosure Form

For Use in Meeting the Requirements of State Pupil Transportation Drug and Alcohol Policies and Procedures

Name _____

Date _____

It is required that anyone holding a CDL driver's license as a certified school bus driver transporting public education students must report any prescribed medication that can impair the ability of a driver to safely operate a school bus. Your doctor must initial each prescription and sign at the bottom of this form. The information will be kept in your medical file and will be kept completely confidential. Only your local Drug Program Coordinator or coordinators and the state Medical Review Officer (MRO) have a need to know this information. This form should be returned to the care and custody of your local Drug Program Coordinator. If your medications change at any time, it is your responsibility to turn in a new form. We must have current medical information in your file at all times. This form is to be used each time you renew your DOT physical and each time a new applicable medication is prescribed by a doctor.

Medication #1

Prescribed Medication _____ Dosage _____ Date Prescribed _____

Time needed after taking the drug before they are safe to drive a school bus _____

Date stopped _____ Reason _____

Dr. Initial _____

Medication #2

Prescribed Medication _____ Dosage _____ Date Prescribed _____

Time needed after taking the drug before they are safe to drive a school bus _____

Date stopped _____ Reason _____

Dr. Initial _____

Medication #3

Prescribed Medication _____ Dosage _____ Date Prescribed _____

Time needed after taking the drug before they are safe to drive a school bus _____

Date stopped _____ Reason _____

Dr. Initial _____

For Prescribing Doctor:

I have reviewed this form with the driver listed and am aware that he/she is employed in a safety-sensitive position that requires him/her to be fit for duty, free of possible impairment from any prescribed drugs. I have advised the driver listed as to dosage amounts, minimum dosage times and/or conditions ahead of driving in order to avoid the possibility of impairment from the prescribed drug or drugs.

Doctor Signature

Date

For School Bus Drivers:

I have made my prescribing doctor aware that I am employed in a safety-sensitive duty position as a school bus driver. I have been advised by my prescribing doctor on how to avoid the possibility of impairment from the medications I have been prescribed while driving. I understand that I am subject to reasonable suspicion testing related to a possible misuse of the prescribed medications, and that a documented misuse may result in termination of my position as a school bus driver.

Driver Signature

Date