

Prescription Drug Notification Form

In accordance with the City of Lakeland's Drug Free Workplace policy, all employees are required to report all prescribed medications which may adversely affect their work or safety. Fill out this form, attach the pharmacy drug information print out that you received when you filled the prescription(s), and submit it to your supervisor.

Supervisor: Please review, sign, and forward confidentially to Barbara Jordan, City Nurse.

Warning: Medical information such as this is strictly confidential and protected by law and City of Lakeland policy. You are forbidden to share this information without approval of the City Nurse. Disciplinary action may be taken upon unauthorized disclosure of the information contained on this form.

Employee Name _____
Date

Department _____
Division

Employee's Signature _____
Supervisor's Signature

Medications, dosage, frequency, and prescribing doctor's name:

Possible side effects:

Medicine _____
Side Effects

Medicine _____
Side Effects

Medicine _____
Side Effects