



Medications Listed Below -
Must have a form on file for each
new medication(s) or renewal of
an existing medication(s)

MEDICATION SAFETY CLEARANCE FORM

Employee and Physician should complete IF currently taking
or being prescribed prescription medications listed below.

Employee's Section:

Printed Name: _____ Employee # _____

I understand that safety concerns related to my use of prescribed medications have been reported to the Shelby County Board of Education. In order to continue to perform my duties as a school bus driver, I must obtain clearance from my primary care/prescribing physician that it is safe for me to perform school bus driving duties while taking the medications I am currently prescribed. I attest that I have disclosed all prescribed medications to the physician completing this form and the information I have provided him/her is complete and correct.

Employee Signature: _____ Date: _____

Physician's Section:

Please check which medication applies and initial in the box to the left-
Prescribed drugs that require physician clearance are:

Doctor's Initials _____	Amphetamines	Methadone
	Narcotics	Buprenorphine
	Habit forming drugs	Anti-seizure medication
	Tranxine, Ambien, Soma	Insulin (medical exemption)

Name of Prescribed Medication(s): _____

As the attending/prescribing physician, I understand that the above-named patient is employed as a school bus driver for the Shelby County Board of Education and must have medical clearance that he/she can safely perform those duties while taking medications as prescribed. I have reviewed the medications prescribed for this patient and have made the following determination:

(PHYSICIAN MUST INITIAL ONE OF THE FOLLOWING)

- _____ Employee may NOT perform bus driving duties while taking his/her prescribed medication(s)
- _____ Employee may perform bus driving duties while taking his/her prescribed medication(s)
- _____ Employee's medication(s) has been discontinued and employee is cleared to perform bus driving duties

Physician's Printed Name

Date

Physician's Signature

Phone Number