

**LIST OF PRESCRIPTIONS AND NON-PRESCRIPTION MEDICINES
CONSUMED IN PREVIOUS FORTY-EIGHT HOUR PERIOD**

(To be completed by Employee at a time of specimen collection. Employee is free to provide this list with the specimen, or to wait to provide this information to the County's Medical Review Officer or Medical Advisor when discussing test results.)

I hereby certify that during the forty-eight (48) hour period prior to my signing this certification, I have consumed no prescription nor non-prescription* medicine except the following:

| Medicine | Condition | Physician | Phone | Verified |
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I believe the following circumstances are also relevant in interpreting the results of any test of any specimen that I provide as part of the drug testing procedure:

I hereby authorize and request my physicians to provide such information to the County as it requires to confirm that I am using such medicines in compliance with the County's Drug-Free Workplace Policy on Substance Abuse.

Employee Signature: _____ Date/Time _____

Employee Print _____

*Use of prescription and non-prescription drugs must be in accord with the County' Alcohol and Substance Abuse Policy.