

**Confidential Fitness for Safety Sensitive Duty Report by Employee's Treating Physician  
Concerning Evaluation of Impairing Effect Medications**

**INSTRUCTIONS FOR EMPLOYEES IN SAFETY SENSITIVE POSITIONS**

Confidential Fitness for Duty Reports are required by City of Alabaster for employees in Safety-Sensitive Positions. If you are disclosing the use of an impairing effect prescription or over the counter medication, complete "Employee" section of this form, have your doctor complete "Physician" section, and fax directly to City of Alabaster at 205-664-6853 or scan and email to [cconnell@cityofalabaster.com](mailto:cconnell@cityofalabaster.com).

**IMPAIRING EFFECT MEDICATIONS -- To Be Completed by Physician**

**Instruction to Evaluating Physician on Form Completion:** The Employer has a Pre-Duty impairing effects medication disclosure policy applicable to safety-sensitive employees. If in your medical opinion the employee is cleared to safely perform their safety-sensitive duties without restriction while under the influence of the below prescribed or over the counter medication(s) please sign off below. If not, please so indicate along with your comments on the nature and duration of the safety-sensitive related job restriction(s).

Employee: \_\_\_\_\_ ID: \_\_\_\_\_ Location Assigned: \_\_\_\_\_

**To City of Alabaster:**

I understand and acknowledge the following: (1) the above employee works in a safety sensitive position who discharges duties so fraught with risks of injury to self or others, environmental injury and/or property damage that even a momentary lapse of attention can have disastrous consequences; (2) that it is an essential job function safety rule applicable to every employee working in a safety sensitive classified position to be able to work in a constant state of alertness and in a safe manner; (3) I have reviewed the employee's essential job functions/job description; and (4) this report is in regards to the above safety-sensitive employee who is currently under my care and has been prescribed, or is taking, the following impairing effect substance(s): \_\_\_\_\_

(Physician's Initials): \_\_\_\_\_

**Treating Physician's Opinion (Initial One):** Employee is; \_\_\_\_\_ Cleared to Work; \_\_\_\_\_ Not Cleared to Work at this Time; or Cleared to Work with Restrictions (recommendations below)

Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Treating Physician (Printed)

Signature

Date

License #

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone ( )

Fax ( )

Email: \_\_\_\_\_

**TO BE COMPLETED BY EMPLOYEE**

I understand that it is my obligation as a safety-sensitive employee to inform City Pre-Duty of any impairing effect medications I am taking, or that I intend to take, for review and determination of my eligibility to perform safety sensitive duties. Pursuant to the Health Insurance Portability and Accountability Act (HIPPA), I authorize my medical provider to confidentially release my medical records directly to the MRO for City of Alabaster, and confer with Dr. Bruce Romeo. This authorization shall expire at the conclusion of my employment with the City and I may withdrawal my authorization at anytime by written notice.

Employee's Signature \_\_\_\_\_

Employee's Work Location and Supervisor \_\_\_\_\_

Employee's Printed Name \_\_\_\_\_

Date \_\_\_\_\_

**FOR City of Alabaster USE ONLY**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Approved  Not Approved  MRO Referred

Date:: \_\_\_\_\_