

## Authorization to Perform Non-DOT Safety-Sensitive Duties While Using a Controlled Substance

To be compl	eted by the employee -		
I, physician to W Management	authorize the r Vest Virginia University's Designate Office for retention in my confident	release of the follov ed Employer Repre ial Non-DOT Drug	wing information by my prescribing sentative in Talent and Culture Medical g and Alcohol Testing file.
Signature			Date
To be compl	eted by the prescribing physic	ian –	
he/she is requ following med	ired to provide the following author	rization, prior to re	yee working in a safety-sensitive position, esuming his/her position while using the
		UTHORIZATIO	
I understand to position.	that	is a WVU en	nployee working in a Non-DOT Safety-Sensitive
For medical p	urposes, I have prescribed the follow	wing medication(s	):
			ion or over-the-counter) for this employee akes the following:
It is my deterr Sensitive dutie	mination that the above-mentioned es while using the medication(s) na	employee may safe med above.	ely perform his/her required Non-DOT Safety-
Licensed Med	ical Practitioner (Printed Name)		(Signature)
	Phone	Fax	Date