

MEDICATION WARNING LABEL NOTIFICATION

Employee Name: _____

This serves as acknowledgement that the above mentioned employee is submitting information on medications they are taking while performing their work duties.

Warning label on medication	Describe how the medication makes you feel when you take it and how long the effects last after taking it	Approx. length of time to be taking medication

I am not taking any medications at this time that have warning labels.

Employee Signature

Date