

New Orleans Regional Transit Authority (RTA)
2817 Canal St New Orleans, LA 70119
Prescription / Non-Prescription Medication Notification Form
RTA's Human Capital Department at (504) 827-8378 or
humanresources@rtaforward.org

- **Please note that the following medications DO NOT need to be reported:** aspirin, acetaminophen, antibiotics and antimicrobials, birth control pills, hormones, immunizations, vitamins, creams, lotions, ointments, eye drops, inhalers for asthma, loratadine, pseudophedrine, medications for acid reflux, corticosteroids, diuretics, Viagra, Cialis, and Levitra.
- **RTA PROHIBITS safety-sensitive employees from taking over-the-counter medications that carry a warning label against operating machinery or equipment while working and for 8 hours prior to duty.**

TO BE COMPLETED BY EMPLOYEE			
Employee Name			Badge #
Telephone Number	Job Title	Department or Division	
<p>As defined by the FTA, safety-sensitive employees include those who perform, or may be called upon to perform, the following safety-sensitive functions (please check all that apply as it relates to your job classification):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Operating a revenue service vehicle, even when it is not in revenue service (e.g. bus, streetcar); <input type="checkbox"/> Operating a non-revenue service vehicle when required to be operated by a Commercial Driver's License (CDL) holder; <input type="checkbox"/> Controlling dispatch or movement of a revenue service vehicle; or <input type="checkbox"/> Maintaining (including repairs, overhaul and rebuilding) a revenue service vehicle or equipment used in revenue service; <input type="checkbox"/> Carrying a firearm for security purposes. <p>I hereby give permission for my health care provider to discuss the determinations below with RTA's contracted Medical Examiner if there are concerns regarding safety. I also hereby agree to comply with the prescribed use of these medications and with the recommendations and restrictions made by my health care provider and/or RTA's contracted Medical Examiner.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Employee's Signature _____ Date _____ </div>			
TO BE COMPLETED BY HEALTH CARE PROVIDER			
<ul style="list-style-type: none"> Safety of the public and employees is RTA's greatest priority. As such, we are requesting your assistance in determining if it is safe for your patient to perform safety-sensitive functions while taking medications that you prescribe. Please discuss with your patient their daily job responsibilities and reactions to any medications you prescribe. A potential safety risk occurs with any medication that carries a warning against operating machinery or has side effects of drowsiness, dizziness or agitation. In these cases, please consider an alternative medication if one is available or prescribe an appropriate time restriction. Based on your best medical opinion and after reviewing your patient's current medications, please complete the section below regarding medications and check the applicable boxes. Please contact RTA's Human Capital Department at (504) 827-8378 or humanresources@rtaforward.org if you have questions. <p>DEFINITIONS: Safe: Your patient's medication will not interfere with their ability to perform job duties safely. Potential Impairment: Your patient's medication may impair functioning; patient should not take while performing job duties or for a period of time prior to duties. Please specify number of hours that should elapse between last dose and beginning duties.</p>			
NAME OF MEDICATION	DOSAGE	DATE TO BEGIN	RECOMMENDATION
			<input type="checkbox"/> Safe <input type="checkbox"/> Potential Impairment: Employee should not take for _____ hours prior to duties
			<input type="checkbox"/> Safe <input type="checkbox"/> Potential Impairment: Employee should not take for _____ hours prior to duties
			<input type="checkbox"/> Safe <input type="checkbox"/> Potential Impairment: Employee should not take for _____ hours prior to duties
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> Health Care Provider's Signature _____ Date _____ </div>			
Employee must submit completed form to RTA's contracted Clinic Examiner at the time of physical exam or to RTA's Human Capital Department at (504) 827-8378. <u>DO NOT submit this form to your manager/supervisor.</u>			