

LAST NAME (ALL CAPS), FIRST NAME, MIDDLE INITIAL

OPERATING UNIT OR OFFICE

REQUEST FOR ADMINISTRATION OF MEDICATION

As a service, in order to minimize the loss of work time which may result from absences necessitated by periodic or frequent medical treatment of a routine nature (e.g., injections for allergic conditions), the Health Unit staff is authorized to administer such medications as have been prescribed by an employee's private physician and furnished by the employee. This may be done only at the request of the employee, with the consent of his/her private physician, and upon receipt from the private physician of essential medical treatment information.

This form **must** be completed by the prescribing physician. It signifies the private physician's consent to have the treatment performed by qualified health unit personnel in accordance with the instructions given below, and must accompany the employee's request for such treatment.

TO BE COMPLETED BY PHYSICIAN

NATURE OF CONDITION

DOSAGE OF MEDICATION

INTERVALS BETWEEN ADMINISTRATION

ROUTE OF ADMINISTRATION OF MEDICATION

CONTRAINDICATIONS TO MEDICATION

TREATMENT FOR LOCAL REACTIONS, INCLUDING NAME OF MEDICATION, DOSAGE, AND ROUTE OF ADMINISTRATION

TREATMENT FOR SYSTEMIC REACTION, INCLUDING NAME OF MEDICATION, DOSAGE, AND ROUTE OF ADMINISTRATION

REMARKS

IN EVENT OF EMERGENCY

PRIVATE PHYSICIAN'S NAME AND ADDRESS

TELEPHONE NUMBER

PRIVATE PHYSICIAN'S SIGNATURE

DATE

This form **MUST** be renewed at least once every three months and presented to the Medical Officer in charge of the Health Unit.