



**Tapawingo Staff Medication Disclosure**

*Please note: The following disclosure will be treated with the strictest of confidence and will be shared only on a specific need-to-know basis.*

1. Do you have a medical or psychological condition that could impair your ability to perform the essential functions of your specific position?

YES    NO

If yes, please explain...

2. Do you require any medication that might impair your ability to perform the essential functions of your specific position? (If so, you must discuss details with the Tapawingo Nurse and a plan of action will be put in place).

YES    NO

If yes, please explain...

Staff Name (printed) \_\_\_\_\_

Staff Signature \_\_\_\_\_