

**Tightwad Fire Protection District
Drug Use Advisement**

Based on the attached Job Description, I have advised my patient:

that the following over the counter and prescription medications will not adversely affect his or her abilities to safely function, drive, or perform any other safety-sensitive functions (Healthcare Provider: please put your initials beside each medication):

Exceptions or conditions to the above statement:

Healthcare Provider's Printed Name and Signature Below

Signature: _____ Date: ____/____/____