



Form	P05F02
Revision Status	04
Date	01/09/13
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NOTIFICATION OF MEDICATION FORM

PLEASE COMPLETE **ALL SECTIONS** IN BLOCK CAPITALS

THIS FORM MUST BE COMPLETED IF YOU ARE TAKING MEDICATION (BOTH PRESCRIBED AND BOUGHT OVER THE COUNTER) WHILST WORKING ON A RAIL INDUSTRY ASSIGNMENT.

YOUR DETAILS

NAME	
NI NUMBER	

DETAILS OF MEDICATION BEING TAKEN 1

MEDICATION NAME		PRESCRIBED	Y/N	DOSAGE & DURATION	
DATE STARTED TAKING		ANY KNOWN SIDE AFFECTS			Y/N
WILL USE CAUSE ANY IMPACT ON YOUR DAY TO DAY DUTIES?					Y/N

DETAILS OF MEDICATION BEING TAKEN 2

MEDICATION NAME		PRESCRIBED	Y/N	DOSAGE & DURATION	
DATE STARTED TAKING		ANY KNOWN SIDE AFFECTS			Y/N
WILL USE CAUSE ANY IMPACT ON YOUR DAY TO DAY DUTIES?					Y/N

DETAILS OF GP

NAME OF GP	
ADDRESS OF GP	
PHONE NUMBER	

NOTES

ALL INFORMATION PROVIDED WILL BE TREATED IN ACCORDANCE WITH THE DATA PROTECTION ACT.

PLEASE CONTACT PENDERSONS LTD IF...

- YOU REQUIRE US TO HELP, AMEND OR SUPPLY YOU WITH ANYTHING, TO DO YOUR JOB.
- YOU REQUIRE FURTHER COPIES OF THIS FORM
- YOU REQUIRE TO SPEAK TO SOMEONE IN CONFIDENCE ABOUT THE MEDICATION YOU ARE TAKING

YOU HAVE ANY OTHER QUERIES REGARDING THE RULES RELATING TO MEDICATION

OFFICE USE ONLY

DATE RECEIVED:	
ACTION TAKEN:	
FURTHER ACTION:	

RETURN COMPLETED FORM TO PL HEAD OFFICE