Official Declaration of Personal Medication on Prescription

Crew Name :	Rank :	Date :

The undersigned representative of the Medical Clinic
declares that the above mentioned Crew Member is receiving the following personal Medication on Prescription :

	Medicine Description	Purpose	**Alcohol Content** which can result in a BAC over 0.04%		**Sedative Substance Content** That can result in a Positive Drug Test result or that can affect consciousness	
			☐ Yes	☐ No	☐ Yes	☐ No
			☐ Yes	☐ No	☐ Yes	☐ No
			☐ Yes	☐ No	☐ Yes	☐ No
			☐ Yes	☐ No	☐ Yes	☐ No
			☐ Yes	☐ No	☐ Yes	☐ No
			☐ Yes	☐ No	☐ Yes	☐ No
			☐ Yes	☐ No	☐ Yes	☐ No
			☐ Yes	☐ No	☐ Yes	☐ No
			☐ Yes	☐ No	☐ Yes	☐ No
			☐ Yes	☐ No	☐ Yes	☐ No
			☐ Yes	☐ No	☐ Yes	☐ No

This report to be filed in Master's File **CRW 09**

OFFICIAL DECLARATION OF PERSONAL MEDICATION ON PRESCRIPTION

NAME OF CLINIC REPRESENTATIVE :	SIGNATURE :

This report to be filed in Master's File **CRW 09**