

Medical Marijuana Employment Verification

Where an individual is in or seeking a safety sensitive position, this form is to be completed by the individual's healthcare professional. Complete Part 1 or Part 2, whichever part is applicable. This form helps ensure compliance with the *Pennsylvania Medical Marijuana Act*, which prohibits certain employees from performing certain job duties while under the influence of medical marijuana, and authorizes employers to preclude employees from performing certain job duties while under the influence.

PART 1: For individuals taking a medical marijuana product containing THC:

Patient Name: _____ (hereinafter "patient") is taking a medical marijuana product which contains tetrahydrocannabinol (THC). Based on the facts presented by the patient (including method of administration, approximate THC percentage, grams/milligrams of dosage, frequency of dosage, and timing of dosage during the day/evening), **I am of the opinion that the patient will not be impaired by medical marijuana during the anticipated working hours of _____ AM/PM through _____ AM/PM (work schedule times), _____ through _____ (work schedule days).**

In the alternative, **for positions with a fluctuating work schedule**, based on the facts presented by the patient, **I am of the opinion that the patient should not perform any safety sensitive jobs during the hours of _____ AM/PM through _____ AM/PM** (which is the approximate time period when the patient may be impaired by medical marijuana).

This opinion is based exclusively upon the information provided by the patient. Should this patient deviate from the medical marijuana type, dosage amount and/or frequency, etc., described to me, this opinion would no longer be accurate.

PART 2: For individuals taking a medical marijuana product that does *NOT* contain any THC:

Patient Name: _____ (hereinafter "patient") is taking medical marijuana products that, based upon patient's representations and my review of the products' labeling, do not contain any THC (or only trace amounts of THC) and, accordingly, said products do not have any measurable impairing effects on patient. This opinion is based exclusively upon the information provided by the patient. Should this patient deviate from the product presented to me, this opinion would no longer be accurate.

Name of Healthcare Professional (print): _____
Name of Practice/Organization (if any): _____
Business Address: _____
Email: _____
Telephone Number: _____

Signature: _____ Date: _____

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.