

TORO ENTERPRISES, INC.
Prescription and Non-Prescription Medication Form

Toro's Substance Abuse Policy requires that a driver provide this information before any drug test is given.

Also, Toro's Policy requires a driver to inform Toro (in writing) of any therapeutic drug use (this form can be used for this purpose also).

Please list all prescription medication that you are currently taking:

Name of Medication: _____
Prescribed by: _____
Strength: _____
How Often Taken: _____
For Treatment of: _____

Name of Medication: _____
Prescribed by: _____
Strength: _____
How Often Taken: _____
For Treatment of: _____

Name of Medication: _____
Prescribed by: _____
Strength: _____
How Often Taken: _____
For Treatment of: _____

Please list all non-prescription medication that you are currently taking:

Name of Medication: _____
Strength: _____
How Often Taken: _____
For Treatment of: _____

Name of Medication: _____
Strength: _____
How Often Taken: _____
For Treatment of: _____

Name of Medication: _____
Strength: _____
How Often Taken: _____
For Treatment of: _____

Attach more pages as necessary