

SABEL STEEL SERVICE

MEDICATION & MEDICAL CONDITION INFORMATION

Sabel Steel Service requests the following information relative to Medical Conditions and Medications from its employees in order to provide accurate, immediate data to medical in the employee personnel file.

We request you update this form with any changes and the company will request updates periodically. Thank you for your cooperation. *We have your health and safety in mind.*

I'm taking the following medication(s);

For the following condition(s):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

I'm allergic to the following medication or substance:

1. _____
2. _____
3. _____
4. _____

I have the following medical condition but do not take medication:

1. _____
2. _____
3. _____

I (do/do not) wish to supply the requested information

(Circle one)

Name: _____ **Signature:** _____ **Date:** _____