

DATE

EMPLOYEE NAME

ADDRESS

Dear EMPLOYEE

Re: Medical Marijuana

Our workplace has a Drug and Alcohol policy, which prohibits the use of Marijuana in the workplace or attending work impaired. However, you have advised that you have been prescribed Medical Marijuana by your treating physician.

As your employer, we want to support our employees and their medical needs. In order to better understand your situation and how we can accommodate it in the workplace, we need further information from you and your treating physician. It is your responsibility to cooperate and provide us with appropriate information so that we can understand your needs and try to accommodate those needs.

You are employed as a _____ (JOB TITLE) _____. A copy of your job description is enclosed. We ask you take this letter and the attached job description to your treating physician, and ask them to respond to the below questions in writing. Your physician's response can be made in writing directly to the undersigned. We request this response be received on or before _____ (2-3 weeks later).

1. Has the employee been provided a prescription for medical marijuana?
2. In what form is the employee prescribed to use marijuana (edible, smoke, etc.).
3. How often is the employee supposed to use marijuana?
4. How often is the employee using marijuana?
5. Do they need to use marijuana in the workplace?
6. Do they need to attend the workplace under the effects of marijuana?
7. Are they safe to drive under the effects of marijuana?
8. Please review the attached job description. Understanding the employee's duties, are there any duties the employee cannot, should not or is unsafe to perform given their medical condition or prescribed drugs?
9. How often do you have follow up appointments with the employee?
10. Is there any other information the employer should be aware of?

We look forward to receiving your physician's response. Should we not receive your physician's response by _____, then we will be forced to review this matter with the limited information we have on file. We trust that you will cooperate in providing the

appropriate information and that we can work together to review your situation and possible solutions.

Should you or your physician have any questions, please contact the undersigned directly.

Regards,